Australian Government

Department of Health, Disability and Ageing

PBS

Schedule of Pharmaceutical Benefits

Botulinum Toxin Program

Effective 1 November 2026

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

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Fees, Patient Contributions and Safety Net Thresholds

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

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

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

Summary of Changes

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

Botulinum Toxin Program

Additions

Addition – Item

15574Q **INCOBOTULINUMTOXINA**, incobotulinumtoxinA 100 units injection, 1 vial *(Xeomin)*

About the Schedule

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

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

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

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

Symbols and Abbreviations Used in the Schedule

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

Restricted Benefits

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

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

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

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

Botulinum Toxin Program

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MUSCULO-SKELETAL SYSTEM

MUSCLE RELAXANTS

MUSCLE RELAXANTS, PERIPHERALLY ACTING AGENTS

Other muscle relaxants, peripherally acting agents

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5409

Urinary incontinence

Clinical criteria:

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

Treatment criteria:

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

botulinum toxin type A 100 units injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10993N	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5221

Blepharospasm or hemifacial spasm

Clinical criteria:

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

Treatment criteria:

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

Population criteria:

- Patient must be aged 12 years or older.

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

botulinum toxin type A 100 units injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10997T	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

6953

Urinary incontinence

Treatment criteria:

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

botulinum toxin type A 100 units injection, 1 vial

11004E

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

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5406

Spasmodic torticollis

Clinical criteria:

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

Treatment criteria:

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

botulinum toxin type A 100 units injection, 1 vial

11023E

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

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

11784

Chronic migraine

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

botulinum toxin type A 100 units injection, 1 vial

11000Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18907

Severe primary axillary hyperhidrosis

Clinical criteria:

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

Population criteria:

- Patient must be aged 12 years or older.

Treatment criteria:

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

Clinical criteria:

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

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

botulinum toxin type A 100 units injection, 1 vial

11016T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

9334

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

Treatment criteria:

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

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

botulinum toxin type A 100 units injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11751L	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5359

Dynamic equinus foot deformity

Clinical criteria:

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

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8822

Dynamic equinus foot deformity

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

botulinum toxin type A 100 units injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10998W	4	0	0.00	*1,099.24	25.00	Botox [VE]

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5178

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8929

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

botulinum toxin type A 100 units injection, 1 vial

10999X

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

BOTULINUM TOXIN TYPE A

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

9547

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

Standard management includes physiotherapy and/or oral spasticity agents.

botulinum toxin type A 100 units injection, 1 vial

12017L

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

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5405

Blepharospasm or hemifacial spasm

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a neurologist; **OR**

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

10987G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*959.36	25.00	Dysport [IS]

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

11022D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*856.56	25.00	Dysport [IS]

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5406

Spasmodic torticollis

Clinical criteria:

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

Treatment criteria:

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

11007H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*959.36	25.00	Dysport [IS]

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

11015R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*856.56	25.00	Dysport [IS]

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5359

Dynamic equinus foot deformity

Clinical criteria:

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

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8822

Dynamic equinus foot deformity

Clinical criteria:

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

- Patient must be ambulant.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

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

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

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

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

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5178

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8929

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

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

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

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

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

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

9547

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

Standard management includes physiotherapy and/or oral spasticity agents.

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

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

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

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

CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

9334

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

Treatment criteria:

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

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

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

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

11857C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*1,271.34	25.00	Dysport [IS]

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5360

Blepharospasm

Clinical criteria:

- Patient must have blepharospasm.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

incobotulinumtoxinA 100 units injection, 1 vial

10994P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,320.04	25.00	Xeomin [EJ]

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

Authority Required (STREAMLINED)

5222

Spasmodic torticollis

Clinical criteria:

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

Treatment criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

incobotulinumtoxinA 100 units injection, 1 vial

11005F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,320.04	25.00	Xeomin [EJ]

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18047

Chronic sialorrhea

Clinical criteria:

- Patient must be initiating treatment with a Drooling Severity and Frequency Scale (DSFS) score of at least 6; **OR**

- Patient must be continuing treatment with improvement in the DSFS score of at least 1 point from baseline as assessed by the treating clinician, **AND**
- Patient must have cerebral palsy; **OR**
- Patient must have traumatic brain injury; **OR**
- Patient must have developmental disorder.

Population criteria:

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

Treatment criteria:

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

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

Drooling Severity Scale:

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

Drooling Frequency Scale:

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

incobotulinumtoxinA 100 units injection, 1 vial

15226J

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

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

18059

Chronic sialorrhea

Clinical criteria:

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

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

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

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

Drooling Severity Scale:

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

Drooling Frequency Scale:
1) No drooling;
2) Occasionally drools;
3) Frequently drools;
4) Constant drooling.

incobotulinumtoxinA 100 units injection, 1 vial

15247L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	339.65	25.00	Xeomin [EJ]

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

19313

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

Clinical criteria:

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

Treatment criteria:

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

Population criteria:

- Patient must be at least 18 years of age.

Standard management includes physiotherapy and/or oral spasticity agents.

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

incobotulinumtoxinA 100 units injection, 1 vial

15574Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,320.04	25.00	Xeomin [EJ]

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5178

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8929

Moderate to severe spasticity of the upper limb

Clinical criteria:

- Patient must have cerebral palsy.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

incobotulinumtoxinA 100 units injection, 1 vial

15307P

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

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

Authority Required (STREAMLINED)

5359

Dynamic equinus foot deformity

Clinical criteria:

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

Population criteria:

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

Treatment criteria:

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

Authority Required (STREAMLINED)

8822

Dynamic equinus foot deformity

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

incobotulinumtoxinA 100 units injection, 1 vial

15319G

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

INCOBOTULINUMTOXINA

Caution Contraindications to treatment include known sensitivity to botulinum toxin.

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

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

Note Special Pricing Arrangements apply.

Authority Required (STREAMLINED)

9547

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

Clinical criteria:

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

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

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

Standard management includes physiotherapy and/or oral spasticity agents.

incobotulinumtoxinA 100 units injection, 1 vial

12087E

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

Index of Manufacturer Codes

Code	Manufacturer
EJ	Encapsulate Pharma Pty Ltd
IS	Ipsen Pty Ltd
VE	AbbVie Pty Ltd

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