

PAH Adult Biologics and Advanced Therapeutics List for Prescribers

Derm OPD last updated 20/08/24
 Note: Non-dermatological indications also listed. **Derm indication** on PBS (red), PBS approved (green), TGA approved/not PBS listed (purple) – refer to product information and PBS for dosing.

Psoriasis

Medication	Dosing for dermatological indication (other indications may have different dosing)	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Adalimumab (Humira®) TNF-α Psoriasis Active juvenile idiopathic arthritis, Crohn's disease, refractory fistulising Crohn's disease, RA, PsA, AS, Uveitis	Week 0 - 80 mg; 2 x 40 mg subcut injection Week 1 - 1 x 40 mg subcut injection Then 40mg fortnightly thereafter	2 x 40mg/ 0.4mL auto-injectable pen OR prefilled syringe 4 repeats Initial treatment lasts 16 weeks	2 x 40mg/ 0.4mL auto-injectable pen OR prefilled syringe 5 repeats	AbbVie Care Support Text "enrol me" to 0414 222 843 P: 1800 222 843 F: 1800 219 836 support@abbviecare.com.au www.abbviecare.com.au	AbbVie ANDRE HARRIDGE M: 0438 284 729 andre.harridge@abbvie.com	compassionate.abbvie.com.au *Apply through AbbVie compassionate Access portal only*
	Induction: Week 0 - 1 x 80mg/0.8 mL subcut injection Week 1 - 1 x 40mg/ 0.4 mL subcut injection Then 40mg fortnightly thereafter	Give TWO scripts TOGETHER #1: 1 x 80mg/0.8mL, nil repeats Auto inject pen OR prefilled syringe AND #2: 2 x 40mg/0.4mL, 3 repeats auto-inject pen OR prefilled syringe Initial treatment lasts 16 weeks				
Adalimumab (Biosimilar) Psoriasis *streamline for subsequent continuation treatment only*	Amgevita®, Hadlima®, Hyrizmo® or Idacio® 1 box comes with 2 prefilled syringes/ pen devices (40mg/0.8mL)		2 x 40mg/0.8mL 5 repeats pen devices	Streamline code Whole body 11635 Face, hand & foot 11606 Item code - Syringe 12366W - Pen 12403T	Prescribing of the biosimilar brand Amgevita®, Hadlima®, Hyrimoz® or Idacio® is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy.	
Apremilast (Otezla®) Phosphodiesterase 4 inhibitors Psoriasis PsA	Titration Day 1 – 10 mg mane Day 2 – 10 mg mane 10 mg nocte Day 3 – 10 mg mane 20 mg nocte Day 4 – 20 mg mane 20 mg nocte Day 5 – 20 mg mane 30 mg nocte Day 6 and thereafter – 30 mg twice daily *12 hrs apart between each tablet* Highly recommended to take with meal.	#1: Titration pack as per instruction #2: 30mg tablets twice daily (56) Quantity 1 with (up to) 5 repeats	30mg twice daily 56 tablets (up to) 5 repeats Streamline code #14417	Otezla® Care Q&A Line P: 1800 951 135 F: 1800 271 135 otezlacare@zest.com.au www.gotezla.com.au/locked	Amgen VACANT M: P:02 9870 1333 Temporary contact Jarrod Sculli jarrod.sculli@amgen.com M:0407 712 129	Titration pack available! *Dosage in Severe Renal Impairment. Creatinine clearance < 30 mL Recommended dose is 30 mg once daily. For initial dosage titration, titrate using only morning schedule listed in Table 1 and skip afternoon doses
Bimekizumab (Bimzelx®) Psoriasis	320mg subcut at week 0,4,8,12,16 [2 x 160mg/1ml pens] Then every 8 weeks	2x 160mg/ml pre-filled pens 4 repeats Initial treatment lasts 16 weeks Item code 13644D(pen)	2 x160mg/ml pens 2 repeats Item code 13652M(pen)	BIMZELX BE SUPPORT PROGRAM P: 1800 23 23 88 Scan the QR code on BIMZELX box www.besupported.com.au bimzelx@besupported.com.au	UCB Kate Ziebell M:0409 239 077 kate.ziebell@ucb.com	Email UCB request form to patientsupply@ucb.com **Apply through UCB portal for HS as off label indication**
Deucravicitinib (SOTYKTU™) Psoriasis	6mg daily [28 x 6 mg tablets] No dose titration & adjustment	Quantity 1 with 5 repeats Streamline code: # 15406 PBS code: 13649J		No formal patient support program	BMS Sally De Jonge M: 0437 646 796 sally.dejonge@bms.com	
Guselkumab (Tremfya®) IL-23 Psoriasis PsA	Induction: 100mg subcut at week 0, 4 and 12 Then every 8 weeks	1 x 100mg/1mL, 2 repeats prefilled syringe Initial treatment lasts 12 weeks	1 x 100mg/1mL prefilled syringe 2 repeats	Janssen Immunology Care P: 1800 666 845 Text "enrol me" to 0488 819 400 OR Scan the QR code OR email "Join" in the subject line to join@janssensupport.com.au	Janssen GORAN DIMOSKI M: 0428 648 047 gdimoski@its.jnj.com	https://www.janssenpro.com.au product.access@janau.jnj.com P: 1800 226 334 *Apply through Janssen Pro portal only*
Infliximab (Inflectra®, Remicade®, Renflexis®) TNF-α Psoriasis RA, AS, PsA, Crohn's disease, UC, refractory fistulising Crohn's disease	Induction: 5mg/kg IV infusion (over 2 hrs) at week 0, 2 and 6 Then every 8 weeks thereafter	Number of vials required to give dose of 5mg/kg (100mg vials) 2 repeats	Number of vials required to give dose of 5mg/kg (100mg vials) 2 repeats *Phone approval for continuation* 1800 700 270 (HPOS NOT REQUIRED) Continuation of Remicade, reapply via HPOS	Janssen Immunology Care P: 1800 666 845 F: 1800 006 432 info@immunologycare.com.au Amanda McCabe-Ramsay (Educator) M: 0437 379 139 aramsay@immunologycare.com.au Jo Ryder (Support Nurse) M: 0419 625 105 MSD Harmony P: 1800 15 15 16 www.msdsupport.com.au Access code: "here4you"	Janssen GORAN DIMOSKI M: 0428 648 047 gdimoski@its.jnj.com MSD KRIS MCGRATH M: 0411 519 126 T:02 8988 8000 F: 02 8988 8200 kristine.mcgrath@merck.com	www.janssenpro.com.au product.access@janau.jnj.com P: 1800 226 334 *Apply through portal only* Note: if a patient starts on a biosimilar brand, subsequent compassionate access if required is not permitted for REMICADE. Renflexis®: Seek approval from Dr Chris Morris
	streamline for subsequent continuation treatment of Inflectra®/ Renflexis® only Not Janssen products Streamline code Whole body 8844 Face, hand & foot 8940 Item code 11605T Wt <100kg only (5 vials max)	*streamline for subsequent continuation treatment of Inflectra®/ Renflexis® only* Streamline code Whole body 9602 Face, hand & foot 9584 Item code 11595G Private hospital only				

Psoriasis (Cont.)

Medication	Dosing for dermatological indication (other indications may have different dosing)	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Ixekizumab (Taltz®) IL-17 Psoriasis AS, PsA, nr-axSpA, axial spondylarthritis	<u>Induction:</u> 160mg <i>subcut</i> at week 0 Then 80mg <i>subcut</i> fortnightly at week 2, 4, 6, 8, 10 and 12 Then 80mg every 4 weeks	2 x 80mg/mL, 3 repeats <i>auto-injectable pen</i> Initial treatment lasts 3 months	2 x 80mg/mL <i>auto-injectable pen</i> 2 repeats	TouchPoint Judith&Sheena&Margaret (Patient Care Coordinators) P: 1800 482 589 touchpoint@atlantishealthcare.com www.touchpoint-support.com.au	Lilly STEPHEN BRYANT M: 0405 382 751 bryant_stephen_james@lilly.com , sbryant@lilly.com	https://lillyaccess.lilly.com/Login Apply through Lilly online portal only "From 1 January 2024 Compassionate Access will be restricted to immediately life-threatening conditions only."
Risankizumab (Skyrizi®) IL-23 Psoriasis PsA	<u>Induction:</u> 150mg <i>subcut</i> (1 x150mg/ml pen) at week 0, 4 and 16 Then every 12 weeks thereafter	1 x 150mg/mL, 2 repeats <i>auto-injectable pen</i> Initial treatment lasts 16 weeks	1 x 150mg/mL <i>auto-injectable pen</i> 1 repeat	AbbVie Care Support Text " enrol me " to 0414 222 843 P: 1800 222 843 F: 1800 219 836 www.abbviecare.com.au support@abbviecare.com.au	AbbVie ANDRE HARRIDGE M: 0438 284 729 andre.harridge@abbvie.com	compassionate.abbvie.com.au Apply through AbbVie compassionate Access portal only
Secukinumab (Cosentyx®) IL-17 Psoriasis AS, nr-axSpA, PsA	<u>Induction:</u> 300mg <i>subcut</i> (2 x 150mg/ml pen) at week 0, 1, 2, 3 and 4 Then 300mg monthly thereafter	#1: 8 x 150mg/mL, no repeats <i>auto-injectable pen</i> AND #2: 2 x 150mg/1ml, 2 repeats <i>auto-injectable pen</i> Initial treatment lasts 16 weeks	2 x 150mg/mL <i>auto-injectable pen</i> 5 repeats	Altogether You Melissa Burton (Nurse Adviser) M: 0487 333 643 support@altogetheryou.com.au www.altogetheryou.com.au P: 1800 023 826	Novartis Daniel Hayes M: 0456 411 734 daniel-2.hayes@novartis.com	Email ACCESS Request form OR ACCESS Resupply form for continuous application to access.program-aunz@novartis.com *Apply through online portal for up titrate for Non-PBS or off -label indication*
Tildrakizumab (Ilumya®) IL-23 Psoriasis	<u>Induction:</u> 100mg <i>subcut</i> at week 0, 4 and 16 Then every 12 weeks thereafter	1 x 100mg/mL, 2 repeats <i>prefilled syringe</i> Initial treatment lasts 16 weeks	1 x 100mg/mL 1 repeat <i>prefilled syringe</i> optimal review week 22-24 for new script at week 28	GLOW P: 1800 456 9777 www.glowpsp.com.au	Sun Pharma ANZ CLINT PIETERS M: 0499 102 448 P: 02 8008 1639 pieters.clint@sunpharma.com	nic.kurstjens@sunpharma.com M: 0420 718 829
Ustekinumab (Stelara®) IL-12/IL-23 Psoriasis Crohn's disease, PsA, ulcerative colitis	<u>Induction:</u> 45mg <i>subcut</i> at week 0 and 4 Then 45mg 12 weekly (90mg at each dose if weight ≥ 100kg)	1 x 45mg/0.5mL, 2 repeats <i>vial</i> Initial treatment lasts 12 weeks	1 x 45mg/0.5mL <i>vial</i> 1 repeat x2 if weight ≥ 100kg	Janssen Immunology Care P: 1800 666 845 Visit www.janssenpsp.com.au/imm Access code: journey info@immunologycare.com.au	Janssen GORAN DIMOSKI M: 0428 648 047 gdimoski@its.jnj.com	https://www.janssenpro.com.au product.access@janau.jnj.com P: 1800 226 334 *Apply through Janssen Pro portal only*

Chronic Spontaneous Urticaria

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Omalizumab (Xolair®) IgE CSU Severe asthma (>12yo), CRSwNP	300mg/2mL <i>subcut</i> 4weekly (2 x 150mg; 150mg/ mL) Itch scores ≥ 8 over 7 days Total UAS7 ≥ 28 **60mins observation in-office after each of the first 3 doses**	2 x 150mg/mL, 2 repeats <i>prefilled syringe</i> Initial treatment lasts 12 weeks	2 x 150mg/mL <i>prefilled syringes</i> 5 repeats *Phone approval for continuation* 1800 700 270 (option 4)	Self-injection video web http://www.homeuse.com.au password: unlocklife Order ONCE OFF home injection kits; cs@finsbury.com.au (CODE: XOL-HOMEUSE) P: 02 9662 2600 www.survivehives.com/C/SU	Novartis Daniel Hayes M: 0456 411 734 daniel-2.hayes@novartis.com	Compassionate.use-aunz@novartis.com <ul style="list-style-type: none">InitialDOBMedicare status Reason for top up

Hidradenitis Suppurativa

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Adalimumab (Humira®) TNF-α Hidradenitis Suppurativa	Week 0 - 160mg; 4 x 40mg subcut injection Week 2 - 80mg; 2 x 40mg subcut injection Week 4 - 40mg; 1 x 40mg subcut injection Then 40mg weekly OR 80mg; 2 x 40mg fortnightly AUTO-INJECTABLE PEN ONLY!	Give TWO scripts TOGETHER #1: 6 x 40mg/0.4mL, nil repeats auto-injectable pen AND #2: 4x 40mg/0.4mL, 2 repeats auto-injectable pen OR 2 x 80 mg/0.8 mL, 2 repeats auto-injectable pen Initial treatment lasts 16 weeks	4 x 40 mg/ 0.4 mL 5 repeats auto-injectable pen	AbbVie Care Support Text "enrol me" to 0414 222 843 P: 1800 222 843 F: 1800 219 836 enrol@abbviecare.com.au www.abbviecare.com.au	AbbVie ANDRE HARRIDGE M: 0438 284 729 andre.harridge@abbvie.com	compassionate.abbvie.com.au *Apply through AbbVie compassionate Access portal only*
	Induction: Week 0 - 160mg; 2 x 80mg subcut injection Week 2 - 80mg; 1 x 80mg subcut injection fortnightly Then 80mg fortnightly	Give TWO scripts TOGETHER #1: 3 x 80mg/0.8mL, nil repeats auto-injectable pen AND #2: 2 x 80mg/0.8mL, 2 repeats auto-injectable pen Initial treatment lasts 16 weeks	2 x 80mg/0.8mL auto-injectable pen 5 repeats Humira citrate-free formulation options 1. 40mg (3x2 pack) pens: initial treatment 3 packs, 0 repeats → PBS code 12454L 2. 80mg x2 Pens: continuation 2 packs, 5 repeats → PBS Code 12448E 3. 80mg x2 syringe: continuation 2 packs, 5 repeats → PBS code 12408C 4. 40mg x2 pens: initial 2 packs, 2 repeats → PBS code 12383R 5. 40mg x2 pens: continuation 2 packs, 5 repeats → PBS code 12414J			
Adalimumab Hidradenitis Suppurativa	*streamline for subsequent continuation treatment only* Amgevita®, Hadlima®, Hyrizmo® or Idacio® 1 box comes with 2 pen devices (40mg/0.8mL)		4 x 0.8mL 5 repeats pen devices	Streamline code 11529 Item code 12330Y	Prescribing of the biosimilar brand Amgevita®, Hadlima®, Hyrimoz® or Idacio® is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy.	
Secukinumab (Cosentyx®) IL-17 Hidradenitis Suppurativa	Induction: 300mg subcut (2 x 150mg/ml pen) at week 0, 1, 2, 3, 4, and 8, 12, 16 Then 300mg every 4 weeks OR 300mg every 2 weeks	#1: 2 x 150mg/ml, Qty 8 + 0 RPTS auto-injectable pen AND #2: 2x 150mg/ml, Qty 2 + 3 RPTS **8 boxes** Initial treatment lasts 16 weeks	2x 150mg/ml auto-injectable pen Qty 2 + 5 repeats For 4 weekly 2x150mg/ml auto-injectable pen Qty 4 + 5 repeats For 2 weekly	Altogether You Melissa Burton (Nurse Adviser) M: 0487 333 643 support@altogetheryou.com.au www.altogetheryou.com.au P: 1800 023 826	Novartis Daniel Hayes M: 0456 411 734 daniel-2.hayes@novartis.com	N/A

Atopic Dermatitis

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Dupilumab (Dupixent®) IL-4 & IL-13 Atopic Dermatitis <i>Severe asthma, CRSwNP</i>	600mg subcut at week 0 [2 x 300mg/2mL] Then 300mg fortnightly thereafter *HPOS or call 1800 888 333 Item code 12292Y	2 x 300mg/2mL, 5 repeats prefilled syringe <i>Initial treatment lasts 16 weeks</i> Qty 2 units (1 pack) and 5 rpts	2 x 300mg/2mL 5 repeats prefilled syringe *f/u after initial application is between week 12 - 15	Dupixent MyWay Support www.mywaysupport.com.au P: 1800 959 522 Scan the QR code OR visit www.mywaysupport.com.au and enter code support@522 Jessica Fowler (Nurse Adviser) M: 0498 016 578	Sanofi VACANT	Submit Sanofi Genzyme Dupilumab access form to medicalAP@sanofi.com or Fax: 02 8666 3305
Upadacitinib (RINVOQ®) JAK1 inhibitor Atopic Dermatitis <i>RA, AS, PsA</i> Dosage 15mg x 28 tablets, Once Daily	Initial Rx (lasts 20 weeks) 15mg x 28tablets 4 repeats PBS code: 12828E	Continuation Rx (lasts 24 weeks) 15mg x 28tablets 5 repeats PBS code: 12831H 30mg x 28tablets 5 repeats PBS code: 12829F	Dose increase Rx 30mg x 28tablets PBS code: 12827D	Dose decrease Rx 15mg x 28tablets PBS code: 12835M	Patient information www.rinvoq.com.au <i>access code: ASPIRE</i> AbbVie ANDRE HARRIDGE M: 0438 284 729 andre.harridge@abbvie.com	Not yet available
	Whole Body: • EASI ≥ 20 • PGA ≥4 • DLQI	Face & hands: • ≥ 2 EASI severe symptom subscores OR • 30% affected • DLQI	• EASI - 50% improvement • ≥ 3 EASI mild to none symptom subscores OR • 75% reduction in affected areas DLQI ≥ 4 from baseline	CHANGING DOSE: MAX PACKS: 4 (16 weeks) • Dose increase/ decrease Rx can only be used after an initial or continuation treatment phrase has commenced. • Cannot be used on more than 2 consecutive occasions within the same Rx period. • EASI & DLQI is not required.		

AS – ankylosing spondylitis, nr-axSpA – non-radiographic axial spondylarthritis, PsA – psoriatic arthritis, RA – rheumatoid arthritis, CSU – chronic spontaneous urticaria, chronic rhinosinusitis with nasal polyps (CRSwNP), Uncontrolled severe allergic asthma (USAA), UC – ulcerative colitis

PBS Complex Drug Approval 1800 700 270 ##4 for CSU, ##5 for PsO and HS | PBS Fax 1300 154 019
 PRODA Hotline 1800 700 199 ##4 for HPOS