PAH Adult Biologics and Advanced Therapeutics List for Prescribers

Derm OPD last updated 11/08/2025
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 prescription	Continuation prescription	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Adalimumab (*Humira®*) ***TNF-α inhibitor*** ***Psoriasis*** *JIA, Crohn's disease, refractory fistulising Crohn's disease, RA, PsA, AS, Uveitis*	Week 0 - 80 mg; 2 x 40mg SC Week 1- 40 mg SC then 40mg SC q2w thereafter	2 x 40mg/0.4mL, 4 repeats *auto-injectible pen* **OR** *pre-filled syringe* Initial treatment lasts 16 weeks **Item code:** 12342N (pen)	2 x 40mg/0.4mL, 5 repeats *auto-injectable pen* **OR** *pre-filled syringe* **Item code:** 12377K	**AbbVie Care Support** Text "enrol me" to 0414 222 843 P: 1800 222 843 F: 1800 219 836 W: 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** SC Week 1 - **1 x 40mg/0.4 mL** SC then 40mg SC q2w thereafter	Give **TWO** scripts **TOGETHER** #1: 1 x 80mg/0.8mL, nil repeats **Item code:** 12447D (pen) **AND** #2: 2 x 40mg/0.4mL, 3 repeats *auto-injectable pen* **OR** *prefilled syringe* Initial treatment lasts 16 weeks				
Adalimumab (Biosimilar) ***Psoriasis*** **streamline for continuation only**	*Amgevita®, Hadlima®, Hyrimoz®* or *Idacio®* 1 box comes with 2 pre-filled syringes/autoinjector pens (40mg/0.8mL)		2 x 40mg/0.8mL, 5 repeats *autoinjector pens*	**Streamline code:** Whole body 11635 Face, hand & foot 11606 **Item code:** *depends on specific brand and formulation- see PBS*	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®*) ***PD4 inhibitor*** ***Psoriasis*** *PsA* *Behçet's disease*	Titration: Day 1 (D1) – 10 mg mane D2 – 10 mg mane | 10 mg nocte D3 – 10 mg mane | 20 mg nocte D4 – 20 mg mane | 20 mg nocte D5 – 20 mg mane | 30 mg nocte then 30 mg BD thereafter	**#1:** Titration pack as per instruction **Streamline code:** 15326 **Item code:** 12218C **#2:** 30mg tablets BD (56 tablets) Quantity 1 with (up to) 5 repeats **Streamline code:** 15326 **Item code:** 12223H	30mg BD, 56 tablets, 5 repeats **Streamline code:** 15326 **Item code:** 12223H	**Otezla® Care Q&A Line** P: 1800 951 135 F: 1800 271 135 W: www.otezlacentral.com.au otezlacare@zest.com.au	*Amgen* Suko Zemek M: 0409 183 497 P: 02 9870 1333 E: szemek@amgen.com	Titration pack available! ***Apply through Amgen compassionate portal***
Bimekizumab (*Bimzelx®*) ***IL-17A & IL-17F inhibitor*** ***Psoriasis***	320mg SC at week 0,4,8,12,16, then 320mg SC q8w thereafter (2 x 160mg/ml pens)	2 x 160mg/ml, 4 repeats *pre-filled pen* Initial treatment lasts 16 weeks **Item code:** 13644D	2 x 160mg/ml, 2 repeats *pre-filled pen* **Item code:**13652M	**Bimzelx be supported 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***
Deucravacitinib (*SOTYKTU™*) ***TYK2 inhibitor*** ***Psoriasis***	6mg once daily (28 x 6mg tablets) No adjustments or titrations	Quantity 1 with 5 repeats **Streamline code:** 15406 **Item code**: 13649J		**SOTYK-YOU Support Program** P: 1800 067 567 via www.sotyk-you.com.au	*BMS* Sally De Jonge M: 0437 646 796 sally.dejonge@bms.com	Submit compassionate access requests to: bmsmedicineaccess@bms.com
Guselkumab (*Tremfya®*) ***IL-23 inhibitor*** ***Psoriasis*** *PsA*	Induction: 100mg subcut at week 0, 4 and 12, then q8w thereafter	1 x 100mg/1mL, 2 repeats *pre-filled syringe* Initial treatment lasts 12 weeks **Item code:** 11614G	1 x 100mg/1mL, 2 repeats *pre-filled syringe* **Item code:** 11614G	**Janssen Immunology Care** P: 1800 666 845 F: 1800 006 432 info@immunologycare.com.au	*Janssen* Goran Dimoski M: 0428 648 047 gdimoski@its.jnj.com	www.janssenpro.com.au E: product.access@janau.jnj.com P: 1800 226 334 ***Apply through Janssen Pro portal only****
Infliximab (*Inflectra®, Remicade®, Renflexis®*) ***TNF-α inhibitor*** ***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 q8w thereafter ***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)**	Number of vials required for dose of 5mg/kg (100mg vials, max 5 vials), 2 repeats **streamline for subsequent continuation treatment of Inflectra®/Renflexis® only** **Streamline code:** Whole body 9602 Face, hand & foot 9584 **Item code:** 11595G Private hospital only	Number of vials for 5mg/kg dose (100mg vials), 2 repeats **Item code:** 11605T *Continuation of Remicade: reapply via PRODA*	**Janssen Immunology Care** P: 1800 666 845 F: 1800 006 432 info@immunologycare.com.au **MSD Harmony** P: 1800 15 15 16 www.msdharmony.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*
Ixekizumab (*Taltz®*) ***IL-17 inhibitor*** ***Psoriasis*** AS, *PsA, nr-axSpA, axial spondylarthritis*	Induction: 160mg SC at week 0, then 80mg SC at week 2, 4, 6, 8, 10 and 12, then 80mg SC q4w thereafter	2 x 80mg/mL, 3 repeats *auto-injectable pen* Initial treatment lasts 3 months **Item code:** 11032P	2 x 80mg/mL, 2 repeats *auto-injectable pen* **Item code:** 11033Q	Contact rep Kelly Fermia M: 0448 653 129 E: Kelly.fermia@lilly.com	*Lilly* Kelly Fermia M: 0448 653 129 Kelly.fermia@lilly.com	Not available
Risankizumab (*Skyrizi®*) ***IL-23 inhibitor*** ***Psoriasis*** *PsA*	Induction: 150mg SC at week 0, 4 and 16, then q12w thereafter (1 x150mg/ml pen)	1 x 150mg/mL, 2 repeats *auto-injectable pen* Initial treatment lasts 16 weeks **Item code:** 14111Q	1 x 150mg/mL *auto-injectable pen* 1 repeat **Item code:** 14142H	**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 E: andre.harridge@abbvie.com	compassionate.abbvie.com.au ***Apply through AbbVie compassionate Access portal only****
Secukinumab (*Cosentyx®*) ***IL-17 inhibitor*** ***Psoriasis*** *AS, nr-axSpA, PsA*	Induction: 300mg SC at week 0, 1, 2, 3 and 4, then 300mg SC monthly thereafter (2 x 150mg/ml pen)	**#1**: 8 x 150mg/mL, nil repeats *auto-injectable pen* **Item code:** 10910F **AND** **#2**: 3 x 150mg/mL, 2 repeats *auto-injectable pen* Initial treatment lasts 12 weeks **Item code:** 10494H	2 x 150mg/mL, 5 repeats auto-injectable pen **Item code:** 10425Q	**Altogether You** Melissa Burton (Nurse Adviser) M: 0487 425 008 P: 1800 023 826 W: www.altogetheryou.com.au E: support@altogetheryou.com.au	*Novartis* Daniel Hayes M: 0456 411 734 daniel-2.hayes@novartis.com	Email ACCESS Request form ***OR*** ACCESS Resupply form for ongoing applications to: access.program-aunz@novartis.com
Tildrakizumab (*Ilumya®*) ***IL-23 inhibitor*** ***Psoriasis***	Induction: 100mg SC at week 0, 4 and 16, then q12w thereafter	1 x 100mg/mL, 2 repeats *pre-filled syringe* Initial treatment lasts 16 weeks **Item code:** 11616J	1 x 100mg/mL, 1 repeat *pre-filled syringe* **Item code:** 11613F **Review week 22-24**	**GLOW** P: 1800 456 9777 W: www.glowpsp.com.au	*Sun Pharma ANZ* Sveta Kiem M: 0448 072 155 E: Sveta.kiem@sunpharma.com	Contact pharmaceutical representative
Ustekinumab (*Stelara®*) ***IL-12 & IL-23 inhibitor*** ***Psoriasis*** *Crohn's disease, PsA, UC*	Induction: 45mg SC at week 0 and 4, then 45mg SC q12w thereafter *(90mg dose if weight ≥ 100kg)*	1 x 45mg/0.5mL, 2 repeats *vial* **Item code:** 12669T *(biological medicine-naïve patient)* **Item code:** 9304Q *(if previously received a biologic for psoriasis)*	1 x 45mg/0.5mL, 1 repeat *vial* **Item code:** 9305R *(first continuing treatment)*	**Janssen Immunology Care** P: 1800 666 845 F: 1800 006 432 info@immunologycare.com.au	*Janssen* Goran Dimoski M: 0428 648 047 E: gdimoski@its.jnj.com	www.janssenpro.com.au P: 1800 226 334 E: product.access@janau.jnj.com ***Apply through Janssen Pro portal only****

Hidradenitis Suppurativa

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Adalimumab (*Humira®*) ***TNF-α inhibitor*** ***Hidradenitis Suppurativa***	Week 0 - 160mg; 4 x 40mg SC Week 2 - 80mg; 2 x 40mg SC Week 4 - 40mg; 1 x 40mg SC then 40mg SC q1w thereafter **OR** 80mg; 2x40mg SC q2w thereafter	Give **TWO** scripts **TOGETHER** **#1**: 6 x 40mg/0.4mL, nil repeats **Item code:** 12454L **AND** **#2**: 4 x 40mg/0.4mL, 2 repeats **Item code:** 12383R **OR** 2 x 80 mg/0.8 mL, 2 repeats Initial treatment lasts 16 weeks ***AUTO-INJECTABLE PEN ONLY***	4 x 40mg/0.4mL, 5 repeats *auto-injectable pen* **Item code:** 12414J **OR** 2 x 80mg/0.8mL, 5 repeats **Item code:** 12408C	**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 SC Week 2 - 80mg; 1 x 80mg SC then 80mg q2w thereafter	Give **TWO** scripts **TOGETHER** **#1**: 3 x 80mg/0.8mL, nil repeats **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 (3 x 2 pack) pens: initial treatment 3 packs, 0 repeats → **Item code:** 12454L 2. 80mg x 2 pens: continuation 2 packs, 5 repeats → **Item code:** 12448E 3. 80mg x 2 syringes: continuation 2 packs, 5 repeats → **Item code:** 12408C 4. 40mg x 2 pens: initial 2 packs, 2 repeats → **Item code:** 12383R 5. 40mg x 2 pens: continuation 2 packs, 5 repeats → **Item code:** 12414J			
Adalimumab ***Hidradenitis Suppurativa***	*streamline for subsequent continuation treatment only* *Amgevita®, Hadlima®, Hyrimoz®* or *Idacio®* 1 box comes with 2 auto-injector pens (40mg/0.8mL)		4 x 40mg/0.8mL, 5 repeats *pen devices* **Streamline code:** 11529 **Item code:** 12330Y	*Amgevita*: www.arrotexbiologics.com.au *Hadlima*:1-833-4HADLIMA *Hryimoz*:www.startz.com.au *Idacio:* 1-833-KABICARE	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 inhibitor*** ***Hidradenitis Suppurativa***	Induction: 300mg SC at week 0, 1, 2, 3, 4, and 8, 12, 16, then 300mg q4w thereafter (2 x 150mg/ml pen) **OR** 300mg q2w thereafter (2 x 150mg/ml pen)	**#1**: 2 x 150mg/ml, Qty 8, nil repeats *auto-injectable pen* **Item code:** 14154Y **AND** **#2**: 2 x 150mg/ml, Qty 2, 3 repeats **Item code:** 14161H Initial treatment lasts 16 weeks	2 x 150mg/ml, Qty 2 + 5 repeats 4 weekly dosing **Item code:** 14146M ***increase quantity to 4 for fortnightly dosing***	**Altogether You** Melissa Burton (Nurse Adviser) M: 0487 333 643 E: support@altogetheryou.com.au P: 1800 023 826	*Novartis* Daniel Hayes M: 0456 411 734 Daniel-2.hayes@novartis.com	Email for compassionate access: Access.program-aunz@novartis.com

Atopic Dermatitis

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Dupilumab (*Dupixent®*) ***IL-4 & IL-13 inhibitor*** ***Atopic Dermatitis,*** *Severe Asthma, Prurigo Nodularis, COPD, CRSwNP*	600mg SC at week 0 then 300mg SC q2w thereafter (2 x 300mg/2mL) ***Dosing for >18yo***	2 x 300mg/2mL, 5 repeats pre-filled syringe Initial treatment lasts 16 weeks Qty 2 units (1 pack) and 5 repeats **HPOS or call 1800 888 333* **Item code:** 12292Y	2 x 300mg/2mL 5 repeats *pre-filled syringe* **Item code:**12292Y **Review between week 12 – 15 after initial application**	**Dupixent MyWay Support** www.mywaysupport.com.au and enter code ***support@522*** P: 1800 959 522 E: Nicola.McDonald@zest.com.au	*Sanofi* Clint Pieters M: 0418 548 442 E: Clint.pieters@sanofi.com	Email for compassionate access: Penny.williams2@sanofi.com M: 0422 002 939
Lebrikizumab (*Ebglyss*) ***IL-13 inhibitor*** ***Atopic Dermatitis***	Induction: 500mg SC at week 0, 2, then 250mg SC q2w (week 4-16), then 250mg SC q4w thereafter (week 16+)	2 x 250mg/2ml, 5 repeats Email original signed enrolment form (wet ink signature) & script to lilly@inserviohome.com.au & post original	250mg/2ml, 2 repeats Email script to: lilly@inserviohome.com.au	au_info@lilly.com **Option 1:** 2 x 250mg pens = $1589 **Option 2:** 4 x 250mg pens =$3000	*Eli Lilly* Ronnie Kassiotes 0436 964 682 Ronnie.kassiotes@lilly.com	Not available *(** NB this is a non-PBS medication **)*

Upadacitinib (*RINVOQ®*) ***JAK1 inhibitor*** ***Atopic Dermatitis*** *RA, AS, PsA*	***Initial Rx*** *(lasts 20 weeks)*		***Continuation Rx*** *(lasts 24 weeks)*		***Dose increase Rx***	***Dose decrease Rx***	***Patient information***	
	15mg OD, 28 tablets, 4 repeats **Item code:** 12828E		15mg OD, 28 tabs, 5 repeats **Item code:** 12831H	30mg OD, 28 tabs, 5 repeats **Item code:** 12829F	30mg x 28 tablets **Item code**:12827D	15mg x 28 tablets **Item code:** 12835M	www.rinvoq.com.au *access code: ASPIRE*	Not yet available
Dosing: 15mg OD. *If an inadequate response, consider increasing to 30mg OD*	*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	**CHANGING DOSE:** • Max 4 packs (16 weeks) • Dose increase/decrease scripts are only permitted after an initial or continuation treatment phase has commenced and cannot be used on more than 2 consecutive occasions within the same prescription period. • EASI & DLQI is not required.		*Pharmaceutical representative:* *AbbVie* Andre Harridge M: 0438 284 729 E: andre.harridge@abbvie.com	
			DLQI ≥ 4 from baseline					

Chronic Spontaneous Urticaria

Medication	Dosing	Initial Rx	Continuation Rx	Patient Support Program	Pharmaceutical Representative	Compassionate Access
Omalizumab ***(Xolair®)*** ***IgE inhibitor*** ***CSU*** *Severe asthma (>12yo), CRSwNP*	300mg SC q4w Itch scores ≥ 8 over 7 days Total UAS7 ≥ 28 ***60mins observation in-office after each of the first 3 doses*** ***NB children <12yo are not eligible to use the autoinjector***	1 x 300mg, 2 repeats *autoinjector pen* **Item code:** 14895Y **OR** 2 x 150mg, 2 repeats *autoinjector pen* **Item code**: 14945N Initial treatment lasts 12 weeks	1 x 300mg, 5 repeats *autoinjector pen* **Item code**: 14913X or 2 x 150mg, 5 repeats *autoinjector pen* **Item code:** 14937E	Patient support website: www.homeuse.com.au password: unlocklife cs@finsbury.com.au (CODE: XOL-HOMEUSE) P: 02 9662 2600 Autoinjector nurse support https://forms.office.com/r/TDUs11QaEp	*Novartis* Daniel Hayes M: 0456 411 734 Daniel-2.hayes@novartis.com	Off-label request through portal: access.program-aunz@novartis.com

AS – ankylosing spondylitis, nr-axSpA – non-radiographic axial spondyloarthritis, PsA – psoriatic arthritis, RA – rheumatoid arthritis, CSU – chronic spontaneous urticaria, CRSwNP- chronic rhinosinusitis with nasal polyps, USAA- uncontrolled severe allergic asthma, UC- ulcerative colitis, JIA- juvenile idiopathic arthritis , SC- subcutaneous, q2w- every 2 weeks