

**PB 80 of 2024**

**National Health (Efficient Funding of Chemotherapy) Special Arrangement Amendment (August Update) Instrument 2024**

*National Health Act 1953*

I, NIKOLAI TSYGANOV, Assistant Secretary, Pricing and PBS Policy Branch, Technology Assessment and Access Division, Department of Health and Aged Care, delegate of the Minister for Health and Aged Care, make this Instrument under subsection 100(2) of the *National Health Act 1953*.

Dated 30 July 2024

**NIKOLAI TSYGANOV**

Assistant Secretary

Pricing and PBS Policy Branch

Technology Assessment and Access Division

Contents

1 Name 1

2 Commencement 1

3 Authority 1

4 Schedules 1

Schedule 1—Amendments 2

National Health (Efficient Funding of Chemotherapy) Special Arrangement 2024  
(PB 31 of 2024) 2

1. Name
2. This instrument is the *National Health (Efficient Funding of Chemotherapy) Special Arrangement Amendment (August Update) Instrument 2024*
3. This instrument may also be cited as PB 80 of 2024.
4. Commencement
5. Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

| Commencement information | | |
| --- | --- | --- |
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. *The whole of this instrument* | *1 August 2024* | *1 August 2024* |

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

1. Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.
2. Authority

This instrument is made under subsection 100(2) of the *National Health Act 1953*.

1. Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

*National Health (Efficient Funding of Chemotherapy) Special Arrangement 2024 (PB 31 of 2024)*

1. **Schedule 1, Part 1, entry for Avelumab**
2. *omit from the column headed “Circumstances”:* **C13313**
3. *insert in numerical order in the column headed “Circumstances”:* **C15485**
4. **Schedule 1, Part 1, entry for Durvalumab in the each of the forms: Solution concentrate for I.V. infusion 120 mg in 2.4 mL; and Solution concentrate for I.V. infusion 500 mg in 10 mL**
5. *omit from the column headed “Circumstances”:* **C10126**
6. *insert in numerical order in the column headed “Circumstances”:* **C15500**
7. **Schedule 1, Part 1, entry for Mitozantrone**

*omit:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Injection 25 mg (as hydrochloride) in 12.5 mL | Injection | Onkotrone |  |

1. **Schedule 1, Part 1, entry for Nivolumab in each of the forms: Injection concentrate for I.V. infusion 40 mg in 4 mL; and Injection concentrate for I.V. infusion 100 mg in 10 mL**

*insert in numerical order in the column headed “Circumstances”:* **C15471 C15527**

1. **Schedule 1, Part 2, entry for Avelumab *[Maximum Amount: 800 mg; Number of Repeats: 7]***

*omit from the column headed “Purposes”:* **P13313** *substitute:* **P15485**

1. **Schedule 1, Part 2, entry for Durvalumab *[Maximum Amount: 1500 mg; Number of Repeats: 4]***
2. *omit from the column headed “Purposes”:* **P10126**
3. *insert in numerical order in the column headed “Purposes”:* **P15500**
4. **Schedule 1, Part 2, after entry for Nivolumab *[Maximum Amount: 120 mg; Number of Repeats: 3]***

*insert:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | P15471 | 360 mg | 2 |

1. **Schedule 1, Part 2, entry for Nivolumab *[Maximum Amount: 480 mg; Number of Repeats: 5]***

*insert in numerical order in the column headed “Purposes”:* **P15527**

1. **Schedule 2, after entry for Aprepitant *[Brand: APREPITANT SCP]***

*insert:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Atezolizumab | Solution for subcutaneous injection 1875 mg in 15 mL | Injection | Tecentriq SC | C10125 C10206 C10216 C10297 C10521 C10939 C13443 C13448 C15455 | P10206 P10939 | 1 | 3 |  |
|  |  |  |  | C10125 C10206 C10216 C10297 C10521 C10939 C13443 C13448 C15455 | P10521 | 1 | 4 |  |
|  |  |  |  | C10125 C10206 C10216 C10297 C10521 C10939 C13443 C13448 C15455 | P10125 P13443 P13448 | 1 | 5 |  |
|  |  |  |  | C10125 C10206 C10216 C10297 C10521 C10939 C13443 C13448 C15455 | P10216 P10297 P15455 | 1 | 7 |  |

1. **Schedule 2, entry for Folinic acid**

*omit:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Injection containing calcium folinate equivalent to 100 mg folinic acid in 10 mL | Injection | Leucovorin Calcium (Pfizer Australia Pty Ltd) |  |  | 10 | 1 |  |

1. **Schedule 3, Part 1, omit entry for Circumstances Code “C10126”**
2. **Schedule 3, Part 1, omit entry for Circumstances Code “C13313”**
3. **Schedule 3, Part 1, after entry for Circumstances Code “C15205”**

*insert:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C15455 | P15455 | Atezolizumab | Resected early stage (Stage II to IIIA) non-small cell lung cancer (NSCLC)  1,875 mg administered once every 3 weeks  Patient must be both: (i) initiating treatment, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy; OR  Patient must be continuing existing PBS-subsidised treatment with this drug; OR  Patient must be both: (i) transitioning from existing non-PBS to PBS subsidised supply of this drug, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy at the time this drug was initiated.  Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug.  The treatment must be for the purpose of adjuvant therapy following all of: (i) surgical resection, (ii) platinum-based chemotherapy; AND  The condition must have/have had, at treatment commencement, an absence of each of the following gene abnormalities confirmed via tumour material sampling: (i) an activating epidermal growth factor receptor (EGFR) gene mutation, (ii) an anaplastic lymphoma kinase (ALK) gene rearrangement; AND  The condition must have/have had, at treatment commencement, confirmation of programmed cell death ligand 1 (PD-L1) expression on at least 50% of tumour cells; AND  The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.  Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred. | Compliance with Authority Required procedures - Streamlined Authority Code 15455 |
| C15471 | P15471 | Nivolumab | Resectable non-small cell lung cancer (NSCLC)  The condition must be at least one of: (i) node positive, (ii) at least 4 cm in size; AND  The treatment must be for neoadjuvant use in a patient preparing for surgical resection; AND  Patient must have a WHO performance status of 0 or 1; AND  The treatment must be in combination with platinum-based chemotherapy.  Patient must not be undergoing treatment with more than 3 PBS-subsidised doses of this drug per lifetime for this indication.  In non-squamous type NSCLC where any of the following is known to be present, this drug must not be a PBS benefit: (i) activating epidermal growth factor receptor (EGFR) gene mutation, (ii) anaplastic lymphoma kinase (ALK) gene rearrangement. | Compliance with Authority Required procedures - Streamlined Authority Code 15471 |
| C15485 | P15485 | Avelumab | Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer  Maintenance therapy - Initial treatment  Patient must have received first-line platinum-based chemotherapy; AND  Patient must not have progressive disease following first-line platinum-based chemotherapy; AND  Patient must have a WHO performance status of 0 or 1; AND  The treatment must be the sole PBS-subsidised therapy for this condition; AND  Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition. | Compliance with Authority Required procedures - Streamlined Authority Code 15485 |
| C15500 | P15500 | Durvalumab | Unresectable Stage III non-small cell lung cancer  Initial treatment  Patient must have received platinum based chemoradiation therapy; AND  The condition must not have progressed following platinum based chemoradiation therapy; AND  Patient must have a WHO performance status of 0 or 1; AND  Patient must be untreated with immunotherapy at commencement of this drug; AND  The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition. | Compliance with Authority Required procedures - Streamlined Authority Code 15500 |
| C15527 | P15527 | Nivolumab | Urothelial carcinoma  The treatment must be for each of: (i) adjuvant therapy that is/was initiated within 120 days of radical surgical resection, (ii) muscle invasive type disease, (iii) disease considered to be at high risk of recurrence based on pathologic staging of radical surgery tissue (ypT2-ypT4a or ypN+), but yet to recur, (iv) use as the sole PBS-subsidised anti-cancer treatment for this condition; AND  Patient must have received prior platinum containing neoadjuvant chemotherapy; AND  Patient must have/have had, at the time of initiating treatment with this drug, a WHO performance status no higher than 1.  Patient must be undergoing treatment with a dosing regimen as set out in the drug's Therapeutic Goods Administration (TGA) approved Product Information; AND  Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred.  An increase in repeat prescriptions, up to a value of 11, may only be sought where the prescribed dosing is 240 mg administered fortnightly. | Compliance with Authority Required procedures |