EXPLANATORY STATEMENT

NATIONAL HEALTH ACT 1953

NATIONAL HEALTH (LISTING OF PHARMACEUTICAL BENEFITS) AMENDMENT (DECEMBER UPDATE) INSTRUMENT 2024

PB 124 of 2024

Purpose

The purpose of this legislative instrument, made under sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953* (the Act), is to amend the *National Health (Listing of Pharmaceutical Benefits) Instrument 2024* (PB 26 of 2024) to make changes to the pharmaceutical benefits listed for the purposes of the Pharmaceutical Benefits Scheme (PBS), and related matters.

The *National Health (Listing of Pharmaceutical Benefits) Instrument 2024* determines the pharmaceutical benefits that are on the Schedule of Pharmaceutical Benefits (the PBS Schedule) through declarations of drugs and medicinal preparations, and for ready-prepared benefits: determinations of forms, manners of administration and brands. It also provides for related matters (equivalent brands, responsible persons, prescribing circumstances, maximum quantities, number of repeats, determined quantity and pack quantity, section 100 only status and prescriber bag only status).

Authority

This Instrument exercises various powers in Part VII of the Act, as set out below:

Pharmaceutical benefits listed on the PBS

Subsection 85(2) provides that the Minister may declare drugs and medicinal preparations to which Part VII applies. A drug or medicinal preparation for which there is a declaration in force under subsection 85(2) is a 'listed drug' (subsection 84(1)). Subsections 85(3) and 85(5) respectively provide that the Minister may determine the form or forms of a listed drug and the manner of administration of a form of a listed drug. A listed drug in a determined form with a determined manner of administration for that form is a pharmaceutical item (section 84AB). Subsection 85(6) provides that the Minister may determine a brand of a pharmaceutical item.

The Minister may also determine the responsible person for a brand of a pharmaceutical item (subsection 84AF(1)). Under the provisions of section 84AK the Minister may determine the determined quantity and pack quantity for a brand of a pharmaceutical item.

Prescribing pharmaceutical benefits

Paragraph 85A(2)(a) allows the Minister to determine the maximum quantity or number of units of the pharmaceutical item in a pharmaceutical benefit (or of the pharmaceutical benefit where there is no pharmaceutical item) that may, in one prescription, be directed to be supplied on one occasion. Paragraph 85A(2)(b) also allows the Minister to determine the maximum number of occasions on which the supply of the pharmaceutical benefit may, in one prescription, be directed to be repeated. The maximum quantities and repeats may be determined for all purposes or for particular purposes.

Subsection 85(7) provides that the Minister may determine the circumstances in which a prescription may be written for the supply of a pharmaceutical benefit.

Section 88 provides that the Minister may determine the pharmaceutical benefits that may be prescribed by different classes of prescribers, including medical practitioners (subsection 88(1)), participating dental practitioners (subsection 88(1A)), authorised optometrists (subsection 88(1C)), authorised midwives (subsection 88(1D)) and authorised nurse practitioners (subsection 88(1E)).

Paragraph 88(1EB) provides that the Minister can list pharmaceutical benefits without determining any authorised prescribers for the benefit allowing the benefit to be supplied only.

This legislative instrument is made pursuant to section 88 and subsection 100(2) of the Act.

Supplying pharmaceutical benefits

Subsection 85(2A) provides that the Minister must declare that a particular listed drug can only be provided under a special arrangement under section 100 if the Pharmaceutical Benefits Advisory Committee (PBAC) has recommended under subsection 101(4AAD) that the drug be made available only under special arrangements under section 100.

Subsection 85(2AA) provides that the Minister must declare that a particular listed drug can only be provided under one or more of the prescriber bag provisions if the PBAC has recommended under subsection 101(4AACA) that the drug be made available only under one or more of the prescriber bag provisions.

Subsection 85(6A) provides that the Minister may also determine for the purposes of paragraph 103(2A)(b) that a brand of a pharmaceutical item determined under subsection 85(6) is to be treated as equivalent to one or more other brands of pharmaceutical items.

Paragraph 85(7A) provides that the Minister may determine that a particular pharmaceutical benefit may only be supplied under one or more of the prescriber bag provisions.

Paragraph 85(8)(a) provides that the Minister may determine that a particular pharmaceutical benefit may only be supplied under special arrangements under section 100.

Paragraph 85(8)(b) provides that the Minister may determine that a particular pharmaceutical benefit may only be supplied under special arrangements under section 100 for one or more of the circumstances determined for that pharmaceutical benefit under subsection 85(7).

Variation and revocation

Unless there is an express power to revoke or vary PB 26 of 2024 cited in this Instrument and explanatory statement, subsection 33(3) of the *Acts Interpretation Act 1901* is relied upon to revoke or vary PB 26 of 2024.

Subsection 101(4AAA) allows the Minister to, by legislative instrument, revoke or vary a subsection 85(2) declaration in relation to a drug or medicinal preparation. Advice from the PBAC is required if the effect of the legislative instrument would be that a drug or medicinal preparation would cease to be a listed drug (subsection 101(4AAB)).

Changes to PB 26 of 2024 made by this Instrument

Schedule 1 to this Instrument provides for the addition to the PBS Schedule of the drugs belzutifan and dienogest, and forms of the listed drugs clonazepam and ezetimibe. It also provides for deletion of the listed drug cefepime, and forms of the listed drugs colestyramine, epoprostenol, medroxyprogesterone, and prochlorperazine. It also provides for the alteration of circumstances in which prescriptions may be written for the supply of the listed drugs dapagliflozin, dapagliflozin with metformin, daunorubicin with cytarabine, elotuzumab, imatinib, lisdexamfetamine, methylphenidate, molnupiravir, nirmatrelvir and ritonavir, nivolumab with relatlimab, testosterone, and upadacitinib.

Schedule 1 to this Instrument also provides for the following changes:

- the addition of 28 brands of existing pharmaceutical items
- the deletion of 10 brands of existing pharmaceutical items
- the alteration of forms for 2 existing pharmaceutical items
- the addition of a pack quantity for 2 existing pharmaceutical items
- the addition of a maximum quantity and number of repeats for a brand of existing pharmaceutical item
- the alteration of responsible person codes for 3 brands of existing pharmaceutical items
- the addition of 3 responsible persons to the list of responsible persons
- the addition of 4 pharmaceutical items covered under Supply Only arrangements

These changes are summarised, by subject matter, in the Attachment.

Consultation

The involvement of interested parties through the membership of the PBAC constitutes a formal and ongoing process of consultation. The PBAC is an independent expert body established by section 100A of the Act which makes recommendations to the Minister about which drugs and medicinal preparations should be available to Australians as pharmaceutical benefits. The PBAC members are appointed following nomination by prescribed

organisations and associations from consumers, health economists, practising community pharmacists, general practitioners, clinical pharmacologists and specialists, with at least one member selected from each of those interests or professions. Remaining members are persons whom the Minister is satisfied have qualifications and experience in a field relevant to the functions of the PBAC, and that would enable them to contribute meaningfully to the deliberations of the PBAC. In addition, an industry nominee has been appointed to the PBAC membership under the PBS Access and Sustainability Package of reforms announced in May 2015. When recommending the listing of a medicine on the PBS, PBAC takes into account the medical conditions for which the medicine has been approved for use in Australia, its clinical effectiveness, safety and cost-effectiveness compared with other treatments.

Pharmaceutical companies are consulted throughout the process of the listing of their medicines on the PBS and in relation to changes to those listings. This includes the company submission to the PBAC and involvement throughout the PBAC process, negotiations or consultation on price, guarantee of supply and agreement to final listing details.

It was considered that further consultation for this Instrument was unnecessary due to the nature of the consultation that had already taken place.

General

A provision-by-provision description of this Instrument is contained in the Attachment.

This Instrument commences on 1 December 2024.

This Instrument is a legislative instrument for the purposes of the *Legislation Act 2003.*

ATTACHMENT

PROVISION-BY-PROVISION DESCRIPTION OF *NATIONAL HEALTH (LISTING OF PHARMACEUTICAL BENEFITS) AMENDMENT (DECEMBER UPDATE) INSTRUMENT 2024*

Section 1 Name of Instrument

This section provides that the name of the Instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment (December Update) Instrument 2024* and may also be cited as PB 124 of 2024.

Section 2 Commencement

Subsection 2(1) provides for commencement dates of each of the provisions specified in Column 1 of the table, in accordance with Column 2 of the table. In accordance with Column 2 of the table, Schedule 1 to the Instrument commences on 1 December 2024.

Section 3 Authority

This section specifies that sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953* provide the authority for the making of this Instrument.

Section 4 Schedules

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

Schedule 1 Amendments

The amendments in Schedule 1 involve the addition and deletion of listed drugs, the addition and deletion of forms of listed drugs, the addition and deletion of brands, the alteration of forms for existing pharmaceutical items, the addition of a pack quantity for brands of pharmaceutical benefits, the addition of a maximum quantity and number of repeats for a brand of pharmaceutical benefit, the alteration of responsible person codes for brands of existing pharmaceutical items, the addition of responsible persons to the list of responsible persons, the addition of pharmaceutical benefits covered under Supply Only arrangements, and the alteration of circumstances for prescribing various pharmaceutical benefits available on the Pharmaceutical Benefits Scheme. These changes are summarised below.

SUMMARY OF CHANGES TO THE PHARMACEUTICAL BENEFITS SCHEME MADE BY SCHEDULE 1 OF THIS INSTRUMENT

Drug Addition

Listed Drug
Belzutifan
Dienogest

Drug Deletion

Listed Drug
Cefepime

Form Addition

Listed Drug	*Form*
Clonazepam	Tablet 2 mg (S19A)
Ezetimibe	Tablet 10 mg (S19A)

Form Deletion

Listed Drug	*Form*
Colestyramine	Sachet containing 4 g oral powder (s19A)
Epoprostenol	Powder for I.V. infusion 500 micrograms (as sodium) with 2 vials diluent 50 mL
	Powder for I.V. infusion 1.5 mg (as sodium) with 2 vials diluent 50 mL
Medroxyprogesterone	Injection containing medroxyprogesterone acetate 150 mg in 1 mL
Prochlorperazine	Tablet containing prochlorperazine maleate 5 mg (S19A)

Brand Addition

Listed Drug	*Form and Brand*
Abiraterone	Tablet containing abiraterone acetate 250 mg *(Abiraterone-Teva)*
	Tablet containing abiraterone acetate 500 mg *(Abiraterone-Teva)*
Atovaquone	Oral suspension 750 mg per 5 mL, 210 mL *(ATOVACUE)*
Cabergoline	Tablet 500 micrograms *(Dostamine)*
Dasatinib	Tablet 20 mg *(Dasatinib Sandoz)*
	Tablet 50 mg *(Dasatinib Sandoz)*
	Tablet 70 mg *(Dasatinib Sandoz)*
	Tablet 100 mg *(Dasatinib Sandoz)*
Dutasteride with tamsulosin	Capsule containing dutasteride 500 micrograms with tamsulosin hydrochloride 400 micrograms *(Dutasteride/Tamsulosin Lupin 500/400)*
Gabapentin	Tablet 600 mg *(APX-GABAPENTIN)*
Ibuprofen	Tablet 400 mg *(WGR-IBUPROFEN 400)*
Metformin	Tablet containing metformin hydrochloride 500 mg *(Diaformin Viatris)*
	Tablet containing metformin hydrochloride 1 g *(METFORMIN-WGR)*
Methadone	Tablet containing methadone hydrochloride 10 mg *(METHADONE-AFT)*
Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) *(APO-OLMESARTAN/AMLODIPINE 40/10)*
Pioglitazone	Tablet 45 mg (as hydrochloride) *(ARX-PIOGLITAZONE)*

Rivaroxaban	Tablet 2.5 mg *(RIVOXA)*
	Tablet 10 mg *(Rivaroxaban Sandoz; Rivoxa)*
	Tablet 15 mg *(Rivaroxaban Sandoz; Rivoxa)*
	Tablet 20 mg *(Rivaroxaban Sandoz; Rivoxa)*
Rizatriptan	Tablet (orally disintegrating) 10 mg (as benzoate) *(APO-RIZATRIPTAN ODT)*
Vancomycin	Powder for injection 500 mg (500,000 I.U.) (as hydrochloride) *(Vancomycin Viatris)*
	Powder for injection 1 g (1,000,000 I.U.) (as hydrochloride) *(Vancomycin Viatris)*
Varenicline	Box containing 11 tablets 0.5 mg and 42 tablets 1 mg *(Varenicline Sandoz)*
	Tablet 1 mg *(Varenicline Sandoz)*

Brand Deletion

Listed Drug	***Form and Brand***
Bortezomib	Powder for injection 3.5 mg *(BORTEZOMIB-TEVA)*
Ketoprofen	Capsule 200 mg (sustained release) *(Oruvail SR)*
Lenalidomide	Capsule 5 mg *(Cipla Lenalidomide)*
	Capsule 10 mg *(Cipla Lenalidomide)*
	Capsule 15 mg *(Cipla Lenalidomide)*
	Capsule 25 mg *(Cipla Lenalidomide)*
Nevirapine	Tablet 200 mg *(Nevirapine Alphapharm)*
Paraffin	Pack containing 2 tubes eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g *(Refresh Night Time)*
Vancomycin	Powder for injection 500 mg (500,000 I.U.) (as hydrochloride) *(Vancomycin Alphapharm)*
	Powder for injection 1 g (1,000,000 I.U.) (as hydrochloride) *(Vancomycin Alphapharm)*

Form Alteration

Listed Drug	***Form***	
Varenicline	***From:*** Box containing 11 tablets 0.5 mg (as tartrate) and 14 tablets 1 mg (as tartrate) in the first pack and 28 tablets 1 mg (as tartrate) in the second pack	***To:*** Box containing 11 tablets 0.5 mg and 42 tablets 1 mg
	From: Tablet 1 mg (as tartrate)	***To:*** Tablet 1 mg

Pack Quantity Addition

Listed Drug	*Form*	*Brand Name*	*Pack Quantity*
Carbamazepine	Tablet 200 mg (controlled release)	*Tegretol CR 200*	100
	Tablet 400 mg (controlled release)	*Tegretol CR 400*	100

Maximum Quantity and Number of Repeats Addition

Listed Drug	*Form*	*Brand Name*	*Maximum Quantity*	*Number of Repeats*
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	*Zoledronate-DRLA 4*	1	0

Responsible Person Code Alteration

Listed Drug	*Form*	*Brand Name*	*Responsible Person*	*Responsible Person*
Ambrisentan	Tablet 5 mg	*Cipla Ambrisentan*	***From:*** LR	***To:*** ZU
	Tablet 10 mg	*Cipla Ambrisentan*	***From:*** LR	***To:*** ZU
Decitabine with cedazuridine	Tablet containing decitabine 35 mg with cedazuridine 100 mg	*Inqovi 35/100*	***From:*** OS	***To:*** TJ

Responsible Person Addition

Responsible Person
Glenmark Pharmaceuticals (Australia) Pty Ltd *(JM)*
Taiho Pharma Oceania Pty Ltd *(TJ)*
Seekwell Pty Ltd *(ZU)*

Supply Only – Period Commencing

Listed Drug	*Form*
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 15 mL
	Eye drops containing carmellose sodium 10 mg per mL, 15 mL
Carmellose with glycerin	Eye drops containing carmellose sodium 5 mg with glycerin 9 mg per mL, 15 mL
Evolocumab	Injection 420 mg in 3.5 mL single use pre-filled cartridge

Alteration of Circumstances in Which a Prescription May be Written

Listed Drug	*Listed Drug*
Dapagliflozin	Methylphenidate
Dapagliflozin with metformin	Molnupiravir
Daunorubicin with cytarabine	Nirmatrelvir and ritonavir
Elotuzumab	Nivolumab with relatlimab
Imatinib	Testosterone
Lisdexamfetamine	Upadacitinib

Documents Incorporated by Reference Addition

Listed Drug	*Document Incorporated*	*Document access*
Daunorubicin with cytarabine Molnupiravir Nivolumab with relatlimab	**Approved Product Information/Australian Product Information/TGA-approved Product Information.** The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the *Legislation Act 2003.* This document provides health professionals with a summary of the scientific information relevant to the safe and effective use of a prescription medicine.	TGA-approved Product Information is available for download for free from the TGA website: https://www.tga.gov.au/product-information-0
Molnupiravir	**Liverpool COVID-19 Drug interaction checker** The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the *Legislation Act 2003.* The Liverpool COVID-19 Drug interaction checker is a tool to determine any potential and confirmed drug interactions.	The Liverpool COVID-19 Drug interaction checker is available for download for free from https://www.covid19-druginteractions.org/checker
Molnupiravir Nirmatrelvir and ritonavir	**Modified Monash Model (MMM)** The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the *Legislation Act 2003.* The MMM is used to define whether a location where a person lives is a city, rural, remote or very remote.	The MMM is available for download for free from the Department of Health website: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm
Belzutifan Daunorubicin with cytarabine Nivolumab with relatlimab	**World Health Organization (WHO)/Eastern Cooperative Oncology Group (ECOG) Performance Status/Performance Status Score.** The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the *Legislation Act 2003.* The WHO/ECOG performance status is a standard medical diagnostic tool used to measure how cancer impacts a patient's daily living abilities, by evaluating a patient's level of functioning in terms of their ability to care for themself, daily activity, and physical ability (walking, working, etc.).	The WHO/ECOG Performance Status is available for download for free from the ECOG-ACRIN Cancer Research Group website: https://ecog-acrin.org/resources/ecog-performance-status

Statement of Compatibility with Human Rights

Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011

National Health (Listing of Pharmaceutical Benefits) Amendment (December Update) Instrument 2024

(PB 124 of 2024)

This Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the Instrument

The *National Health (Listing of Pharmaceutical Benefits) Amendment (December Update) Instrument 2024* (the Instrument) amends the *National Health (Listing of Pharmaceutical Benefits) Instrument 2024* (PB 26 of 2024) (the Principal Instrument) which determines the pharmaceutical benefits that are listed on the Schedule of Pharmaceutical Benefits (the Schedule) through declarations of drugs and medicinal preparations, and determinations of forms, manners of administration and brands. It also provides for related matters (responsible persons, prescribing circumstances, schedule equivalence, maximum quantities, number of repeats, determined quantities, pack quantities, section 100 only status and prescriber bag only status).

Human rights implications

The Instrument engages Articles 9 and 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), specifically the rights to social security and health.

The Right to Social Security

The right to social security is contained in Article 9 of the ICESCR. It requires that a country must, within its maximum available resources, ensure access to a social security scheme that provides a minimum essential level of benefits to all individuals and families that will enable them to acquire at least essential health care. Countries are obliged to demonstrate that every effort has been made to use all resources that are at their disposal in an effort to satisfy, as a matter of priority, this minimum obligation.

The UN Committee on Economic Social and Cultural Rights reports that there is a strong presumption that retrogressive measures taken in relation to the right to social security are prohibited under ICESCR. In this context, a retrogressive measure would be one taken without adequate justification that had the effect of reducing existing levels of social security benefits, or of denying benefits to persons or groups previously entitled to them. However, it is legitimate for a Government to re-direct its limited resources in ways that it considers to be more effective at meeting the general health needs of all society, particularly the needs of the more disadvantaged members of society.

The Right to Health

The right to the enjoyment of the highest attainable standard of physical and mental health is contained in Article 12(1) of the ICESCR. The Committee has stated that the right to health is not a right for each individual to be healthy, but is a right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.

The Committee reports that the 'highest attainable standard of health' takes into account the country's available resources. This right may be understood as a right of access to a variety of public health and health care facilities, goods, services, programs, and conditions necessary for the realisation of the highest attainable standard of health.

Analysis

The Instrument advances the right to health and the right to social security by providing new drugs, and new forms and brands of existing listed drugs, and ensuring the deletion of drugs, and forms and brands of listed drugs does not affect access to subsidised medicines. The Pharmaceutical Benefits Scheme (PBS) is a benefit scheme which assists with advancement of this human right by providing for subsidised access by patients to medicines. The recommendatory role of the Pharmaceutical Benefits Advisory Committee (PBAC) ensures that decisions about subsidised access to medicines on the Schedule are evidence-based. The Instrument includes the

addition of 2 new drugs, the addition of 2 new forms of existing drugs, and the addition of 28 new brands across 25 existing forms, which allows for greater patient access to these drugs.

When a sponsor submits a request to delist a drug from the PBS, subsection 101(4AAB) of the *National Health Act 1953* requires that the Minister or their delegate obtain advice from the Pharmaceutical Benefits Advisory Committee (PBAC), an independent and expert advisory body, before varying or revoking declarations under subsection 85(2) so as to delist the drug. In these instances, one of the matters which the PBAC provides advice on is whether the delisting of a drug will result in an unmet clinical need for patients. The PBAC also considers whether the delisting of a form of a drug will result in an unmet clinical need for patients.

Written advice from the PBAC is tabled with the monthly amendments to the Principal Instrument. An unmet clinical need would arise when a currently treated patient population would be left without treatment options once a delisting occurs. Alternative treatment options could include using a different: form, strength or drug. The PBAC considered the delisting of drugs and forms of drugs in the abovementioned instruments would not result in an unmet clinical need, except where indicated for a particular drug or form of drug below. Where the PBAC has identified an unmet clinical need, a Supply Only period has been/will be instituted as outlined below to allow opportunity for patients to transition to an alternative treatment option. The delisting of these items will not affect access to the drugs (or an alternative treatment if required), as affected patients will be able to access alternative medicines through the PBS, and the delisting is unlikely to have an effect on the amount patients pay for those drugs, as co-payment amounts are capped, ensuring their rights to social security are maintained. From 1 January 2024, these amounts are $31.60 for general patients and $7.70 for concession card holders.

Where there are many brands of a listed drug and form, then the delisting of one brand will not adversely affect members of the public as they will be able to obtain any of the other equivalent brands. The delisting of brands in this Instrument will not affect access to the drugs, as affected patients will be able to access equivalent brands, at the same cost. Consequently, the brand delistings in this instrument do not result in an unmet clinical need. Note that delisting of maximum quantities, number of repeats, and pack sizes are equivalent to brand delistings.

The drug carmellose in the forms eye drops containing carmellose sodium 5 mg per mL, 15 mL (Refresh Tears Plus) and eye drops containing carmellose sodium 10 mg per mL, 15 mL (Refresh Liquigel) were requested to be delisted from the PBS Schedule by the sponsor. The PBAC noted there are alternative lubricating eye drops available on the PBS. The PBAC advised the delisting of these products would not result in an unmet clinical need. These items will be available on the PBS Schedule under Supply Only arrangements for a period of 2 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment.

The drug carmellose with glycerin was requested to be delisted from the PBS Schedule by the sponsor. The PBAC noted there are alternative lubricating eye drops available on the PBS. The PBAC advised the delisting of this product would not result in an unmet clinical need. This item will be available on the PBS Schedule under Supply Only arrangements for a period of 2 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment option.

The drug cefepime was requested to be delisted from the PBS Schedule by the sponsor. The PBAC noted that cefepime is an important medicine for the treatment of febrile neutropenia and most of its use is in public hospitals and therefore not through the PBS. The PBAC considered that while delisting cefepime from the PBS would likely not significantly affect patient access, discontinuation of the product would cause problems in clinical practice. The PBAC advised the delisting of this product may result in an unmet clinical need and requested that the Department seek to retain these products on the PBS. The Department sought to retain the product on the PBS in line with this advice, however the sponsor chose to proceed with the delisting.

The drug colestyramine in the form sachet containing 4 g oral powder (s19A) (Cholestyramine-Odan) was requested to be delisted from the PBS Schedule by the sponsor. This item was listed under section 19A of the *Therapeutic Goods Act 1989* to address the shortage of colestyramine in the form sachets containing 4.7 g oral powder (equivalent to 4 g colestyramine), 50. The temporary approval granted in respect of this drug for importation and supply of a medicine not on the Australian Register of Therapeutic Goods lapsed on 30 April 2024. Patient access has not been affected by this delisting, as the approved form of the drug is now available and remains PBS-subsidised and accessible for patients.

The drug epoprostenol in the forms powder for I.V. infusion 500 micrograms (as sodium) with 2 vials diluent 50 mL (Folan) and powder for I.V. infusion 1.5 mg (as sodium) with 2 vials diluent 50 mL (Folan) were requested to be delisted from the PBS Schedule by the sponsor. There are other substitutable forms of epoprostenol available on the PBS and the delisting of these products will not result in an unmet clinical need.

The drug evolocumab in the form injection 420 mg in 3.5 mL single use pre-filled cartridge (Repatha) was requested to be delisted from the PBS Schedule by the sponsor. The PBAC noted the moderate number of services in the last financial year and that this product was being discontinued globally. The PBAC considered that education and support for patients changing to an alternative product would be required if this product were to delist. The PBAC advised the delisting of this product would not result in an unmet clinical need. This item will be available on the PBS Schedule under Supply Only arrangements for a period of up to 6 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment option.

The drug medroxyprogesterone in the form injection containing medroxyprogesterone acetate 150 mg in 1 mL (Depo-Provera) was requested to be delisted from the PBS Schedule by the sponsor. There are other substitutable forms of medroxyprogesterone available on the PBS and the delisting of this product will not result in an unmet clinical need.

The drug prochlorperazine in the form tablet containing prochlorperazine maleate 5 mg (S19A) (Stemetil (Ireland)) was requested to be delisted from the PBS Schedule by the sponsor. This item was listed under section 19A of the *Therapeutic Goods Act 1989* to address the shortage of prochlorperazine in the form tablet containing prochlorperazine maleate 5 mg. The temporary approval granted in respect of this drug for importation and supply of a medicine not on the Australian Register of Therapeutic Goods lapsed on 30 June 2024. Patient access has not been affected by this delisting, as the approved form of the drug is now available and remains PBS-subsidised and accessible for patients.

Conclusion

This Instrument is compatible with human rights because it advances the protection of human rights.

Eden Simon
Assistant Secretary (Acting)
Pricing and PBS Policy Branch
Technology Assessment and Access Division
Department of Health and Aged Care