



PB 29 of 2025

National Health (Efficient Funding of Chemotherapy) Special Arrangement Amendment (April Update) Instrument 2025

National Health Act 1953

I, REBECCA RICHARDSON, 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 27 March 2025

REBECCA RICHARDSON
Assistant Secretary
Pricing and PBS Policy Branch
Technology Assessment and Access Division

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1 Name

- (1) This instrument is the *National Health (Efficient Funding of Chemotherapy) Special Arrangement Amendment (April Update) Instrument 2025*.
- (2) This instrument may also be cited as PB 29 of 2025.

2 Commencement

- (1) 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. <i>The whole of this instrument</i>	<i>1 April 2025</i>	<i>1 April 2025</i>

Note: This table relates only to the provisions of this instrument as originally made.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.

- (2) 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.

3 Authority

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

4 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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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 Bevacizumab in each of the forms: Solution for I.V. infusion 100 mg in 4 mL; and Solution for I.V. infusion 400 mg in 16 mL

omit:

Bevaciptin				
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- [2] Schedule 1, Part 1, after entry for Tebentafusp

insert:

Tislelizumab	Solution concentrate for I.V. infusion 100 mg in 10 mL	Injection	Tevimbra	C16375
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- [3] Schedule 1, Part 1, entry for Trastuzumab in the form Powder for I.V. infusion 150 mg

omit:

Kanjinti				C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831
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- [8] Schedule 1, Part 2, after entry for Tebentafusp ***[Maximum Amount: 136 mcg; Number of Repeats: 7]***

insert:

Tislelizumab	200 mg	7
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- [4] Schedule 2, entry for Palonosetron

omit:

Aloxi	C5805	1	0
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- [5] Schedule 3, Part 1, after entry for Circumstances Code “C16341”

insert:

C16375	Tislelizumab	<p>Advanced or metastatic gastro-oesophageal cancer</p> <p>Patient must be untreated (up until initiating this drug) with programmed cell death-1/ligand-1 (PD-1/PD-L1) inhibitor therapy for gastro-oesophageal cancer; AND</p> <p>Patient must have/have had, at the time of initiating treatment with this drug, a WHO performance status no higher than 1.</p> <p>Patient must not be undergoing treatment with this drug as a PBS benefit where the treatment duration extends beyond the following, whichever comes first: (i) disease progression despite treatment with this drug, (ii) 24 months from treatment initiation; annotate any remaining repeat prescriptions with the word 'cancelled' where this occurs.</p>	<p>Compliance with Authority Required procedures - Streamlined Authority Code 16375</p>
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