

EXPLANATORY STATEMENT

NATIONAL HEALTH ACT 1953

NATIONAL HEALTH (LISTING OF PHARMACEUTICAL BENEFITS) AMENDMENT (MARCH UPDATE) INSTRUMENT 2026

PB 17 of 2026

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 following changes:

- the addition of the drug glofitamab
- the addition of forms of the listed drugs aflibercept, aripiprazole, pioglitazone, praziquantel, and tenofovir with emtricitabine and efavirenz
- the addition of 23 brands of existing pharmaceutical items
- the deletion of 7 brands of existing pharmaceutical items
- the addition of maximum quantities and number of repeats for 11 brands of existing pharmaceutical items
- the supply only period commencing for a pharmaceutical item covered under Supply Only arrangements
- the supply only period ending for 3 pharmaceutical items covered under Supply Only arrangements
- the alteration of circumstances in which prescriptions may be written for the supply of the listed drugs beclometasone with formoterol and glycopyrronium, bimekizumab, blinatumomab, dapagliflozin, empagliflozin, epcoritamab, ipilimumab, nivolumab, obinutuzumab, osilodrostat, and risankizumab.

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 March 2026.

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

PROVISION-BY-PROVISION DESCRIPTION OF NATIONAL HEALTH (LISTING OF PHARMACEUTICAL BENEFITS) AMENDMENT (MARCH UPDATE) INSTRUMENT 2026

Section 1 Name of Instrument

This section provides that the name of the Instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment (March Update) Instrument 2026* and may also be cited as PB 17 of 2026.

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 March 2026.

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 drugs, the addition of forms of listed drugs, the addition and deletion of brands, the addition of maximum quantities and number of repeats for brands of existing pharmaceutical benefits, the supply only periods commencing and ending for pharmaceutical items 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

Glofitamab

Drug Deletion

Listed Drug

Bethanechol
(Supply Only - period ending)

Promethazine
(Supply Only - period ending)

Silver sulfadiazine
(Supply Only - period ending)

Form Addition

Listed Drug

Form

Aflibercept	Solution for intravitreal injection 11.43 mg in 100 microlitres (114.3 mg per mL) pre-filled syringe
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Aripiprazole	Powder for injection 300 mg (as monohydrate) with diluent in pre-filled dual-chamber syringe
	Powder for injection 400 mg (as monohydrate) with diluent in pre-filled dual-chamber syringe
Pioglitazone	Tablet 15 mg (as hydrochloride), pack of 30
	Tablet 30 mg (as hydrochloride), pack of 30
	Tablet 45 mg (as hydrochloride), pack of 30
Praziquantel	Tablet 600 mg (Korea) (s19A)
Tenofovir with emtricitabine and efavirenz	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and efavirenz 600 mg (s19A)

Form Available for Supply Only

<i>Listed Drug</i>	<i>Form</i>
Drospirenone	Pack containing 24 tablets 4 mg and 4 inert tablets, 3 (Supply Only - period commencing)

Brand Addition

<i>Listed Drug</i>	<i>Form and Brand</i>
Atorvastatin	Tablet 10 mg (as calcium) (ATOMED)
	Tablet 20 mg (as calcium) (ATOMED)
	Tablet 40 mg (as calcium) (ATOMED)
	Tablet 80 mg (as calcium) (ATOMED)
Betamethasone	Cream 500 micrograms (as dipropionate) per g, 15 g (DIPROVANT)
	Ointment 500 micrograms (as dipropionate) per g, 15 g (DIPROVANT)
Bortezomib	Solution for injection 2.5 mg in 1 mL (BORTRACZO)
	Solution for injection 3.5 mg in 1.4 mL (BORTRACZO)
Denosumab	Injection 60 mg in 1 mL pre-filled syringe (Stoboclo)
	Injection 120 mg in 1.7 mL (Osenvelt)
Dicloxacillin	Capsule 250 mg (as sodium) (ARX-Dicloxacillin)
	Capsule 500 mg (as sodium) (ARX-Dicloxacillin)
Enoxaparin	Injection containing enoxaparin sodium 20 mg (2,000 I.U. anti-Xa) in 0.2 mL pre-filled syringe

(Enoxject)

Injection containing enoxaparin sodium 40 mg (4,000 I.U. anti-Xa) in 0.4 mL pre-filled syringe
(Enoxject)

Injection containing enoxaparin sodium 60 mg (6,000 I.U. anti-Xa) in 0.6 mL pre-filled syringe
(Enojaxect)

Injection containing enoxaparin sodium 80 mg (8,000 I.U. anti-Xa) in 0.8 mL pre-filled syringe
(Enoxject)

Injection containing enoxaparin sodium 100 mg (10,000 I.U. anti-Xa) in 1 mL pre-filled syringe
(Enoxject)

Injection containing enoxaparin sodium 120 mg (12,000 I.U. anti-Xa) in 0.8 mL pre-filled syringe
(Enoxject)

Injection containing enoxaparin sodium 150 mg (15,000 I.U. anti-Xa) in 1 mL pre-filled syringe
(Enoxject)

Etanercept Injections 50 mg in 1 mL single use pre-filled syringes, 4
(Nepexto)

Felodipine Tablet 2.5 mg (extended release)
(Felodil XR 2.5)

Fenofibrate Tablet 48 mg
(ARX-FENOFIBRATE)

Tablet 145 mg
(ARX-FENOFIBRATE)

Brand Deletion

Listed Drug **Form and Brand**

Erlotinib Tablet 100 mg (as hydrochloride)
(Erlotinib APOTEX)

Indapamide Tablet containing indapamide hemihydrate 1.5 mg (sustained release)
(Tenaxil SR)

Levetiracetam Tablet 250 mg
(NOUMED LEVETIRACETAM)

Tablet 500 mg
(NOUMED LEVETIRACETAM)

Tablet 1 g
(NOUMED LEVETIRACETAM)

Mometasone Cream containing mometasone furoate 1 mg per g, 15 g
(Momasone Alcohol Free)

Ointment containing mometasone furoate 1 mg per g, 15 g
(Momasone)

Maximum Quantity and Number of Repeats Addition

<i>Listed Drug</i>	<i>Form and Brand</i>	<i>Maximum Quantity</i>	<i>Number of Repeats</i>
Beclometasone with formoterol and glycopyrronium	Pressurised inhalation containing beclometasone dipropionate 200 micrograms with formoterol fumarate dihydrate 6 micrograms and glycopyrronium 10 micrograms (as bromide) per dose, 120 doses (<i>Trimbow</i>)	2	5
Bimekizumab	Injection 320 mg in 2 mL single use pre-filled pen (<i>Bimzelx</i>)	1	2
	Injection 320 mg in 2 mL single use pre-filled pen (<i>Bimzelx</i>)	1	4
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 60 doses (<i>Bufomix Easyhaler 200/6</i>)	4	5
IncobotulinumtoxinA	Lyophilised powder for injection 100 units (<i>Xeomin</i>)	1	0
Ivabradine	Tablet 5 mg (as hydrochloride) (<i>APO-Ivabradine; Coralan; IVABRADINE-WGR</i>)	112	5
	Tablet 7.5 mg (as hydrochloride) (<i>APO-Ivabradine; Coralan</i>)	112	5
Opicapone	Capsule 50 mg (<i>Ongentys</i>)	60	5
Propylene glycol	Eye drops 60 micrograms per mL, 10 mL (<i>Systane Balance</i>)	2	5

Alteration of Circumstances in Which a Prescription May be Written

<i>Listed Drug</i>	<i>Listed Drug</i>
Beclometasone with formoterol and glycopyrronium	Ipilimumab
Bimekizumab	Nivolumab
Blinatumomab	Obinutuzumab
Dapagliflozin	Osilodrostat
Empagliflozin	Risankizumab
Epcoritamab	

Documents Incorporated by Reference

<i>Listed Drug</i>	<i>Document Incorporated</i>	<i>Document access</i>
Bimekizumab Glofitamab	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 <i>Legislation Act 2003</i> . 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

Empagliflozin Ivabradine	<p>New York Heart Association (NYHA) classification.</p> <p>The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the <i>Legislation Act 2003</i>.</p> <p>The NYHA classification system is used to define the degree of heart failure. The different classes in the NYHA Functional Classification for heart failure are described below:</p> <p>Class/Patient Symptoms</p> <p>Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or shortness of breath.</p> <p>Class II: Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, shortness of breath or chest pain.</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain.</p> <p>Class IV: Symptoms of heart failure at rest. Any physical activity causes further discomfort.</p>	<p>The NYHA classification system is available for download for free from the Heart Foundation website (contained within the heart failure clinical guidelines): https://www.heartfoundation.org.au/Conditions/Heart-failure-clinical-guidelines</p>
Bimekizumab	<p>Psoriasis Area Severity Index (PASI).</p> <p>The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the <i>Legislation Act 2003</i>.</p> <p>The PASI is a widely used tool that enables measurement of the severity and extent of baseline and response of therapy in psoriasis.</p>	<p>The PASI calculation form is available for download for free from the Services Australia website: https://www.servicesaustralia.gov.au/ and forms part of the SA authority application process.</p>
IncobotulinumtoxinA	<p>Thomas-Stonell and Greenberg Drooling Severity and Frequency scale (DSFS).</p> <p>The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the <i>Legislation Act 2003</i>.</p> <p>The DSFS is designed to assess both the severity and frequency of sialorrhea. It is defined as the score that equals the sum of the Severity and Frequency sub-scores.</p>	<p>The DSFS is available for download for free from The Royal Children’s Hospital Melbourne website: www.rch.org.au/uploadedFiles/Main/Content/plastic/salivabook.pdf</p>
Epcoritamab Glofitamab Ipilimumab	<p>World Health Organization (WHO)/Eastern Cooperative Oncology Group (ECOG) Performance Status/Performance Status Score.</p> <p>The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of the <i>Legislation Act 2003</i>.</p> <p>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 themselves, daily activity, and physical ability (walking, working, etc.).</p>	<p>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</p>

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 (March Update) Instrument 2026

(PB 17 of 2026)

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 (March Update) Instrument 2026* (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 (the Committee) 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, forms and brands, and ensuring the deletion of drugs, forms and brands does not affect access to subsidised medicines. The Pharmaceutical Benefits Scheme (PBS) is a benefit scheme which assists with advancement of these human rights 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 a new drug, the addition

of 8 new forms of existing drugs, and the addition of 23 new brands across 23 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 forms of drugs in the abovementioned instruments would not result in an unmet clinical need, except where indicated for a particular form of drug below. Where the PBAC has identified an unmet clinical need, a Supply Only period has been 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 2026, these amounts are \$25.00 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 bethanechol in the form tablet containing bethanechol hydrochloride 10 mg (Uro-Carb) was requested to be delisted from the PBS schedule by the sponsor. The PBAC noted the low number of services in the last financial year and that bethanechol is not recommended for urinary retention as its effects are unpredictable. The PBAC advised the delisting of this product would not result in an unmet clinical need. This item was available on the PBS Schedule under Supply Only arrangements for a period of 3 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment.

The drug promethazine in the form injection containing promethazine hydrochloride 50 mg in 2 mL (DBL Promethazine Hydrochloride) was requested to be delisted from the PBS schedule by the sponsor. The PBAC noted that for most patients other oral antihistamines would be an appropriate alternative. The PBAC advised the delisting of this product would not result in an unmet clinical need. This item was available on the PBS Schedule under Supply Only arrangements for a period of 3 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment.

The drug silver sulfadiazine in the form cream 10 mg per g, 50 g (Flamazine) was requested to be delisted from the PBS schedule by the sponsor. The PBAC noted the use of this product in patients with burns, infected ulcers and pressure sores. The PBAC advised the delisting of this product may result in an unmet clinical need and requested that the Department seek to retain this product if possible. However, the sponsor decided to proceed with the delisting due to commercial reasons. This item was available on the PBS Schedule under Supply Only arrangements for a period of 3 months, allowing patients with a pre-existing valid prescription to access this item pending transition to an alternative treatment.

Conclusion

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

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