Prescribing advanced therapies in inflammatory bowel disease

GESA IBD Faculty 2024

Disclaimer:

The recommendations in this document represent the best available evidence at the time of compilation and are intended to be used only as a guide. The compilers of these recommendations shall not be liable for any loss, direct, indirect or consequential, on whatsoever account for any omission or negligent misstatement contained herein, or by reason of, arising from or in relation to any such user, by any other person, company or body relying or acting upon or purporting to rely or act upon any matter contained therein or arising thereout.

Guides to scripts

Patients must be eligible via the PBS and meet set criteria prior to initiating a patient on an advanced therapy for Crohn's disease or ulcerative colitis.

Dose should be individualised for the patient.

Competing brands for a particular product are not shown in this guide.

Prescribers should write the brand name on the script if desired.

Note subcutaneous medications may come as a ‘pen’ or ‘syringe’ – please discuss with patient.

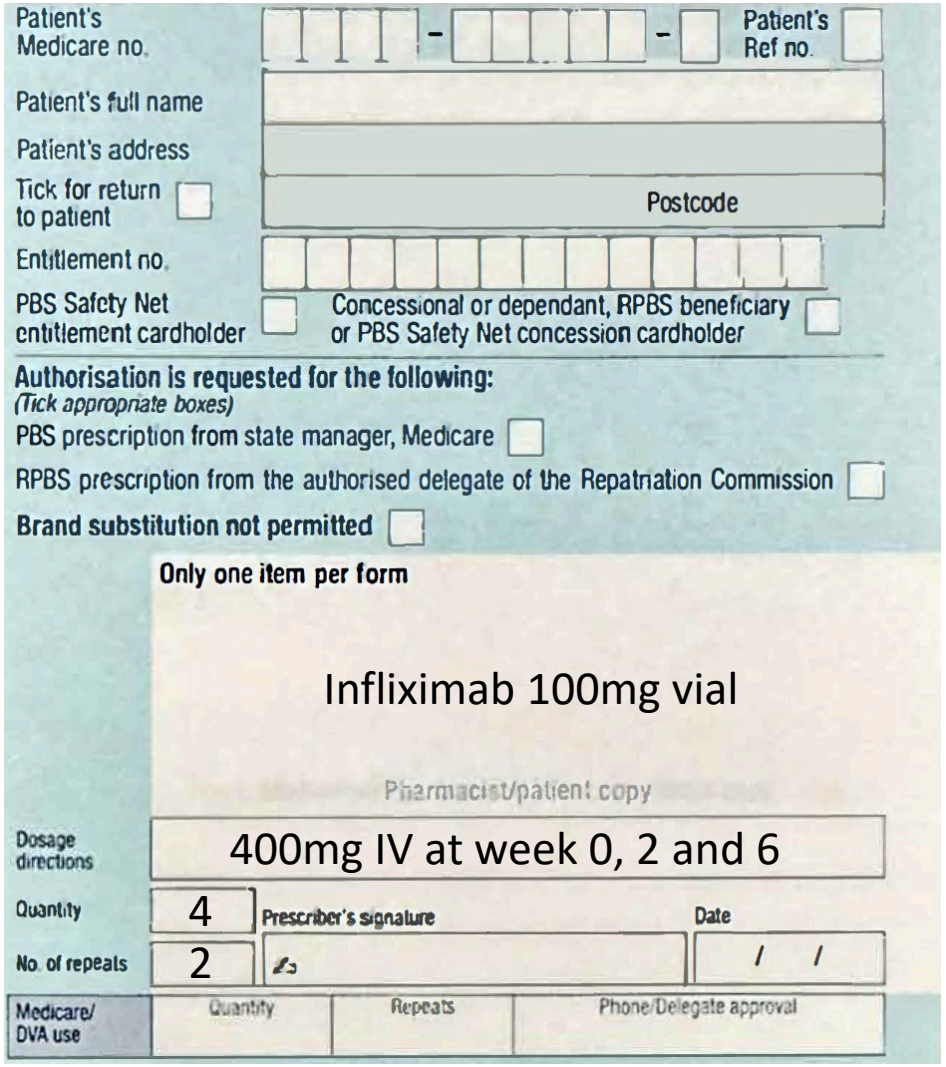
If using a biosimilar, please ensure you write the brand name and appropriate streamlined authority code.

IV = intravenous, SC = subcutaneous

Currently approved PBS medications in IBD

	Crohn's disease	Ulcerative colitis
Infliximab (IV and SC)	✓	✓
Adalimumab	✓	✓
Golimumab	-	✓
Vedolizumab (IV and SC)	✓	✓
Ustekinumab	✓	✓
Tofacitinib	-	✓
Upadacitinib	✓	✓
Ozanimod	-	✓
Etrasimod	-	✓

Infliximab IV - Induction



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Infliximab 100mg vial

Pharmacist/patient copy

Dosage directions: 400mg IV at week 0, 2 and 6

Quantity: 4

Prescriber's signature

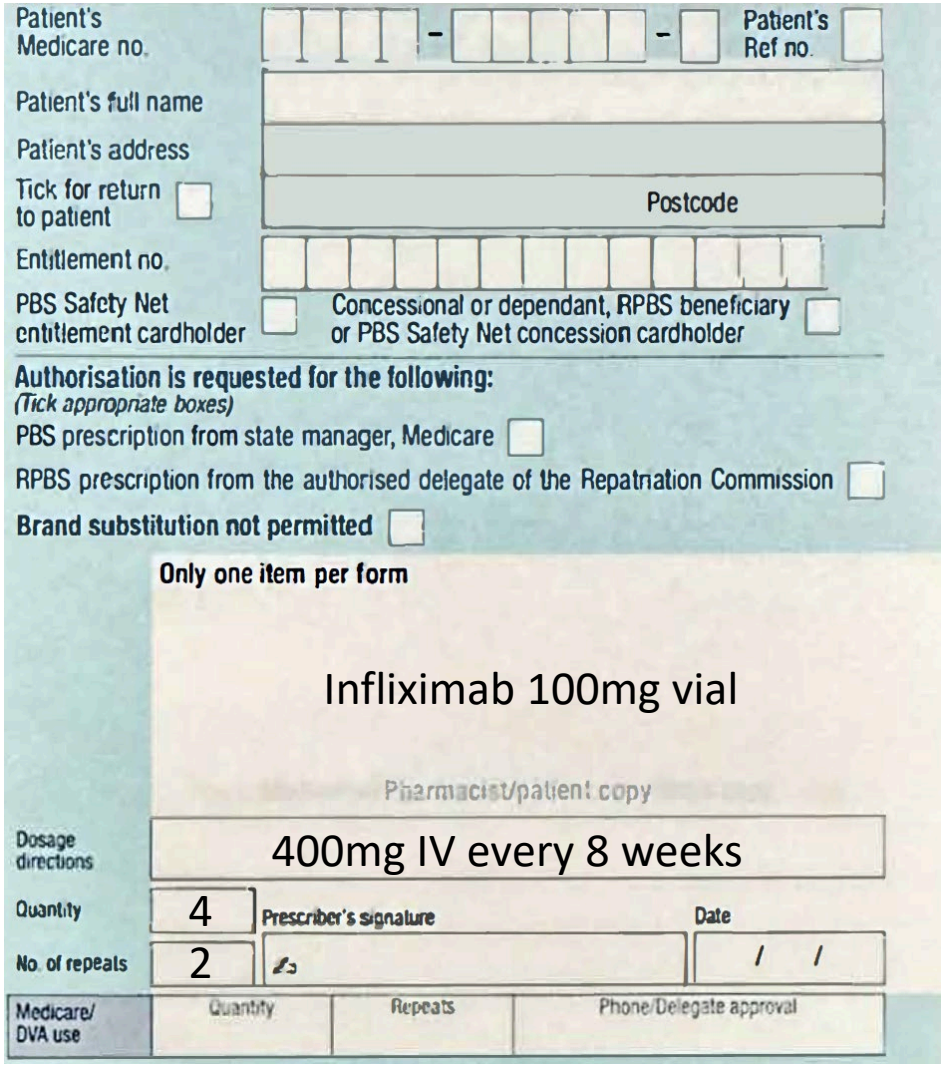
Date

No. of repeats: 2

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

IV dose should be individualised for the patient at 5mg/kg

Infliximab IV - Maintenance



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Infliximab 100mg vial

Pharmacist/patient copy

Dosage directions: 400mg IV every 8 weeks

Quantity: 4

Prescriber's signature

Date

No. of repeats: 2

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

IV dose should be individualised for the patient at 5mg/kg

Infliximab IV and SC - Induction

IV induction with infliximab week 0 and 2, followed by Remsima pens SC q2w to start at week 6: 2x scripts

12 This application is for:

- ☐ adalimumab
- ☐ infliximab i.v.
- ☐ infliximab s.c. with i.v. loading (and an authority prescription for at least 2 i.v. doses at weeks 0 and 2 is attached)
- ☐ upadacitinib
- ☐ ustekinumab i.v.
- ☐ vedolizumab i.v. (and the patient has been assessed for the risk of developing progressive multifocal leukoencephalopathy while on this treatment)

▶ *Go to 14*

IV dose should be individualised for the patient at 5mg/kg

Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Infliximab 100mg vial

Pharmacist/patient copy

Dosage directions	400mg IV at week 0 and 2		
Quantity	4	Prescriber's signature	Date
No. of repeats	1		/ /
Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

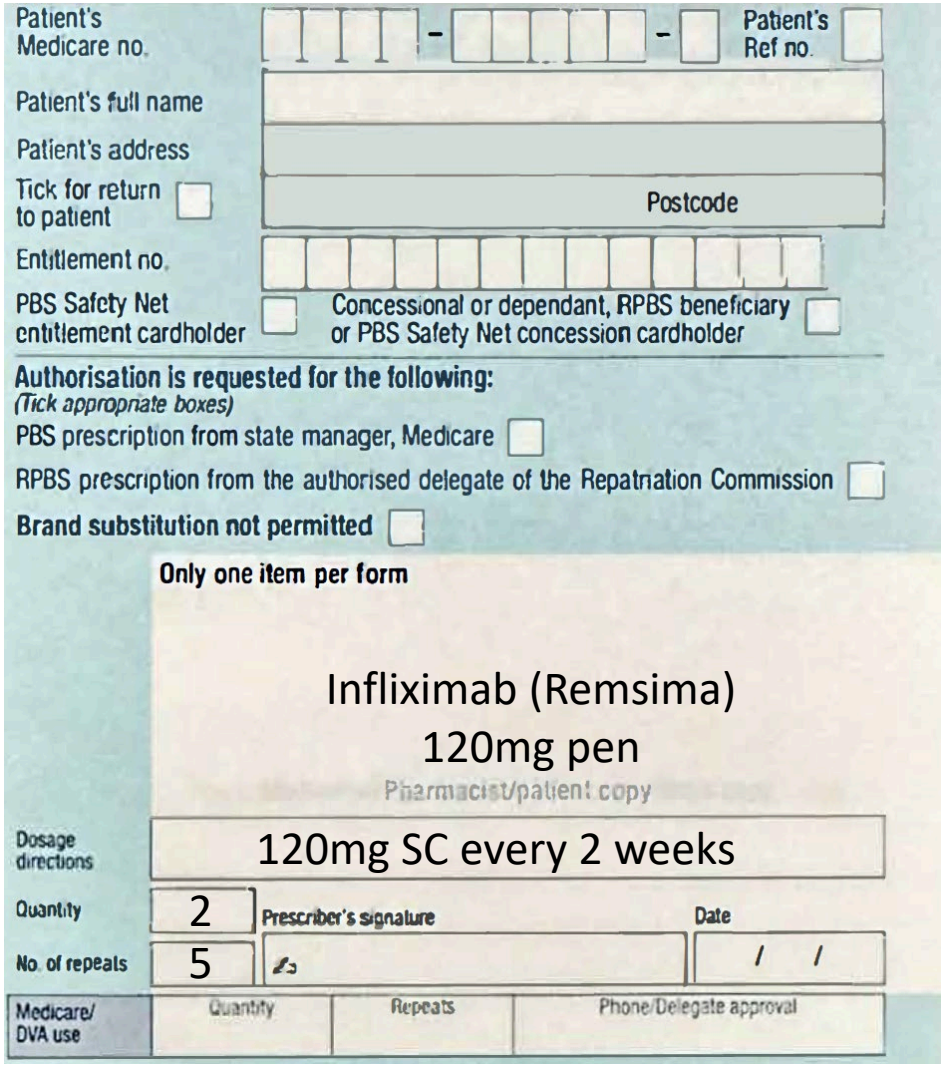
Only one item per form

Infliximab (Remsima) 120mg pen

Pharmacist/patient copy

Dosage directions	120mg SC every 2 weeks		
Quantity	2	Prescriber's signature	Date
No. of repeats	2		/ /
Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

Infliximab SC - Maintenance



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Infliximab (Remsima)
120mg pen

Pharmacist/patient copy

Dosage directions: 120mg SC every 2 weeks

Quantity: 2

Prescriber's signature

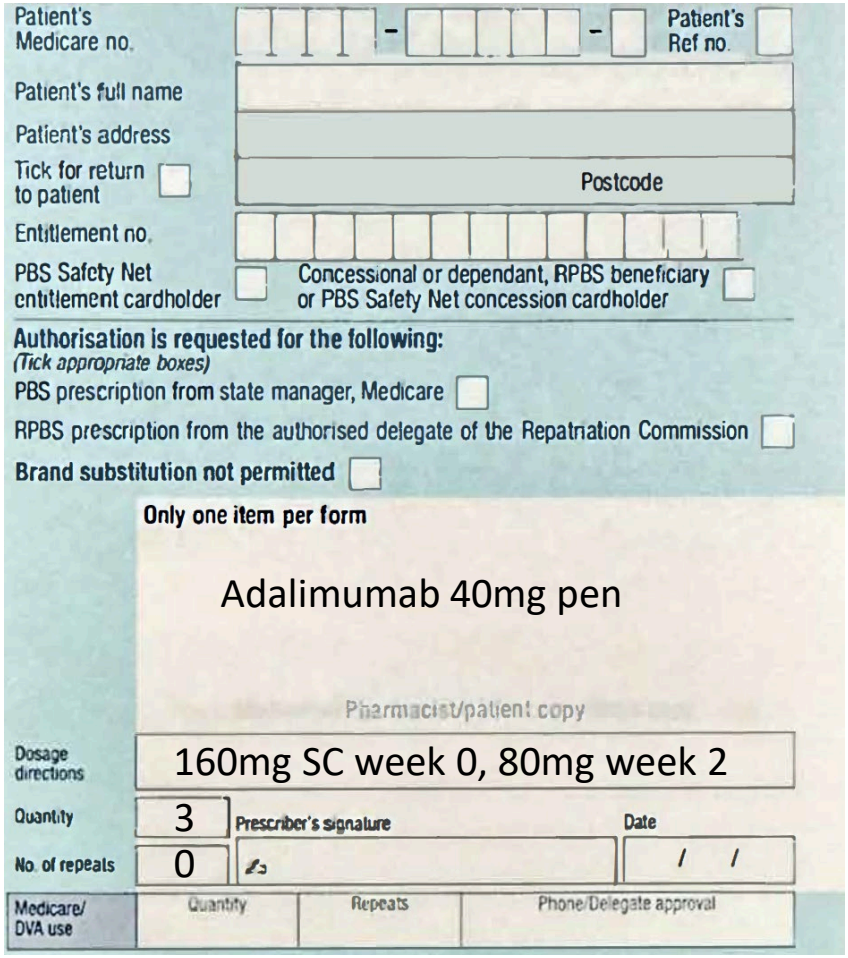
Date

No. of repeats: 5

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

For those needing dose escalation to 120mg weekly or 240gm fortnightly,

Adalimumab SC – Induction


Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Adalimumab 40mg pen

Pharmacist/patient copy

Dosage directions: 160mg SC week 0, 80mg week 2

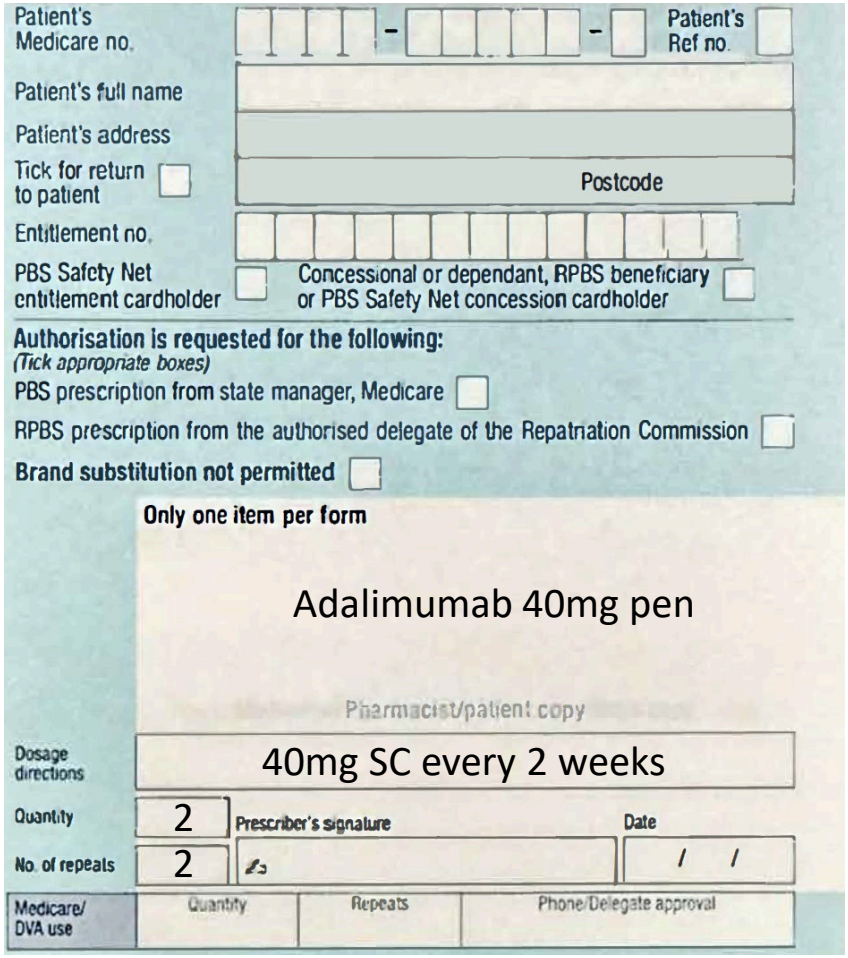
Quantity: 3

Prescriber's signature

Date

No. of repeats: 0

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval


Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Adalimumab 40mg pen

Pharmacist/patient copy

Dosage directions: 40mg SC every 2 weeks

Quantity: 2

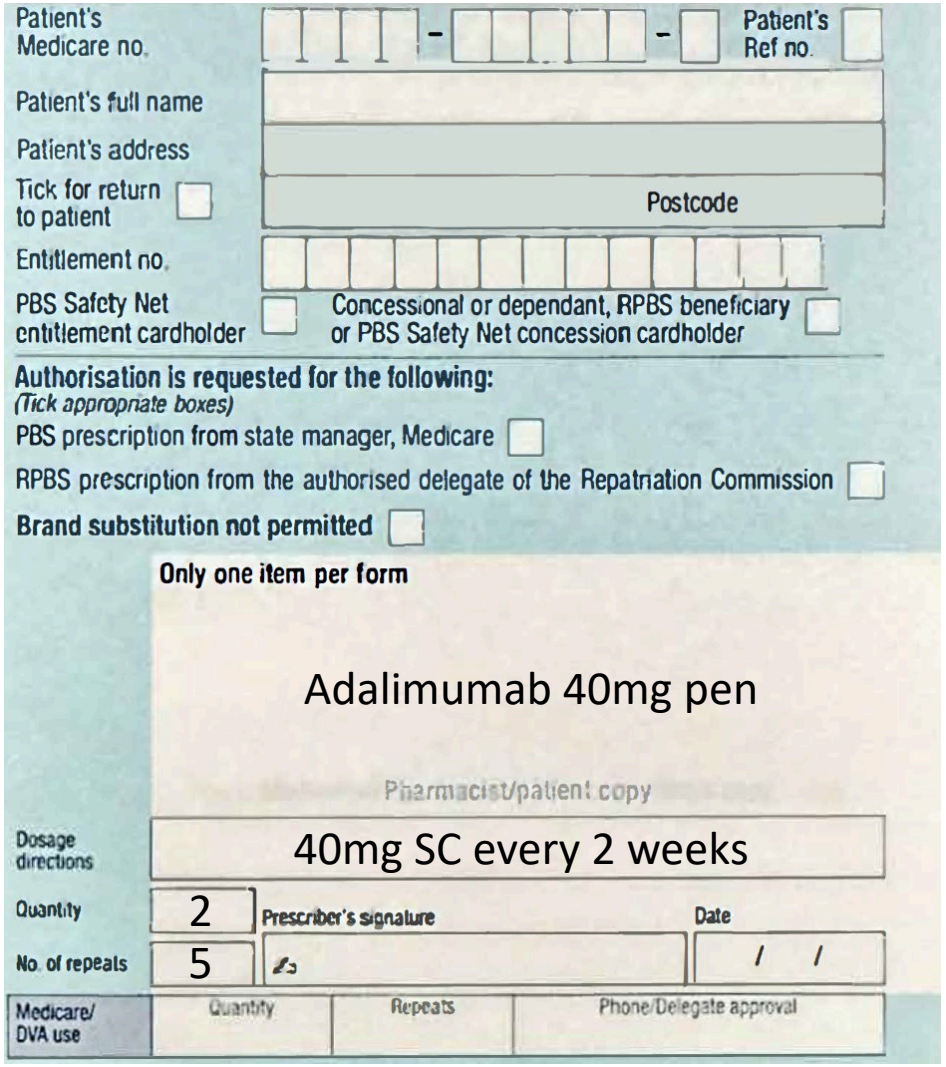
Prescriber's signature

Date

No. of repeats: 2

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

Adalimumab SC - Maintenance



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Adalimumab 40mg pen

Pharmacist/patient copy

Dosage directions: 40mg SC every 2 weeks

Quantity: 2

Prescriber's signature

Date: / /

No. of repeats: 5

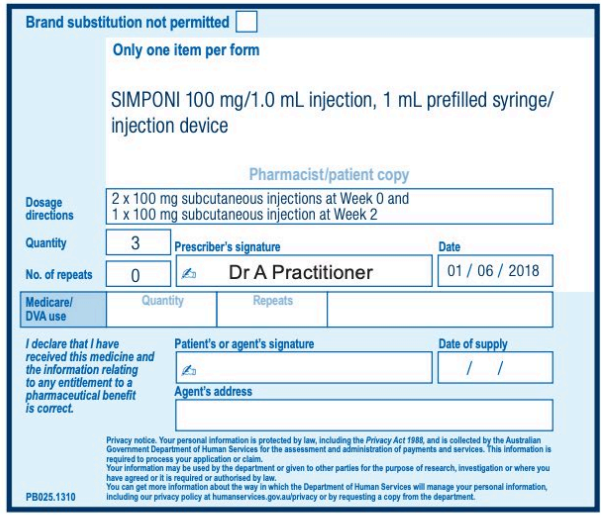
Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

For those needing dose escalation to 40mg weekly

Please upload letter on PRODA stating “requires higher dosing,” and write “4 pens with 5 repeats.”

Golimumab SC - Induction

1) Prescription for Weeks 0 and 2



Brand substitution not permitted ☐

Only one item per form

SIMPONI 100 mg/1.0 mL injection, 1 mL prefilled syringe/ injection device

Pharmacist/patient copy

Dosage directions: 2 x 100 mg subcutaneous injections at Week 0 and 1 x 100 mg subcutaneous injection at Week 2

Quantity: 3 — Prescriber's signature: Dr A Practitioner — Date: 01 / 06 / 2018

No. of repeats: 0

Medicare/ DVA use — Quantity — Repeats

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct. — Patient's or agent's signature — Date of supply: / /

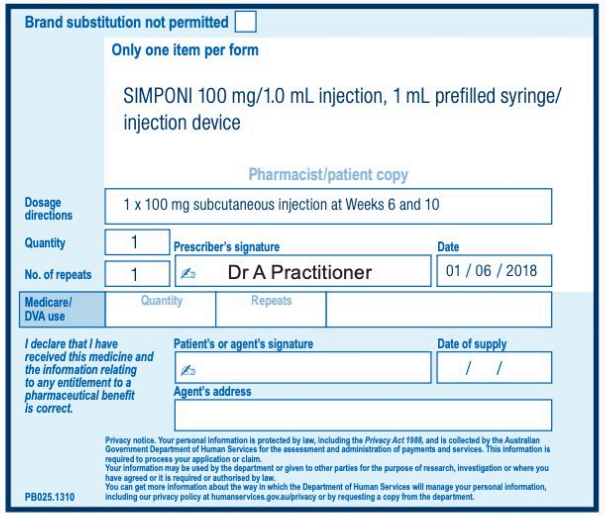
Agent's address

Privacy notice. Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.
Your information may be used by the department or given to other parties for the purpose of research, investigation or where you have agreed or it is required or authorised by law.
You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

PB025.1310

Request three 100 mg (1 mL) injection devices to provide three subcutaneous injections for induction (refer to page 2 for dosing guidelines).

2) Prescription for Weeks 6 and 10



Brand substitution not permitted ☐

Only one item per form

SIMPONI 100 mg/1.0 mL injection, 1 mL prefilled syringe/ injection device

Pharmacist/patient copy

Dosage directions: 1 x 100 mg subcutaneous injection at Weeks 6 and 10

Quantity: 1 — Prescriber's signature: Dr A Practitioner — Date: 01 / 06 / 2018

No. of repeats: 1

Medicare/ DVA use — Quantity — Repeats

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct. — Patient's or agent's signature — Date of supply: / /

Agent's address

Privacy notice. Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.
Your information may be used by the department or given to other parties for the purpose of research, investigation or where you have agreed or it is required or authorised by law.
You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

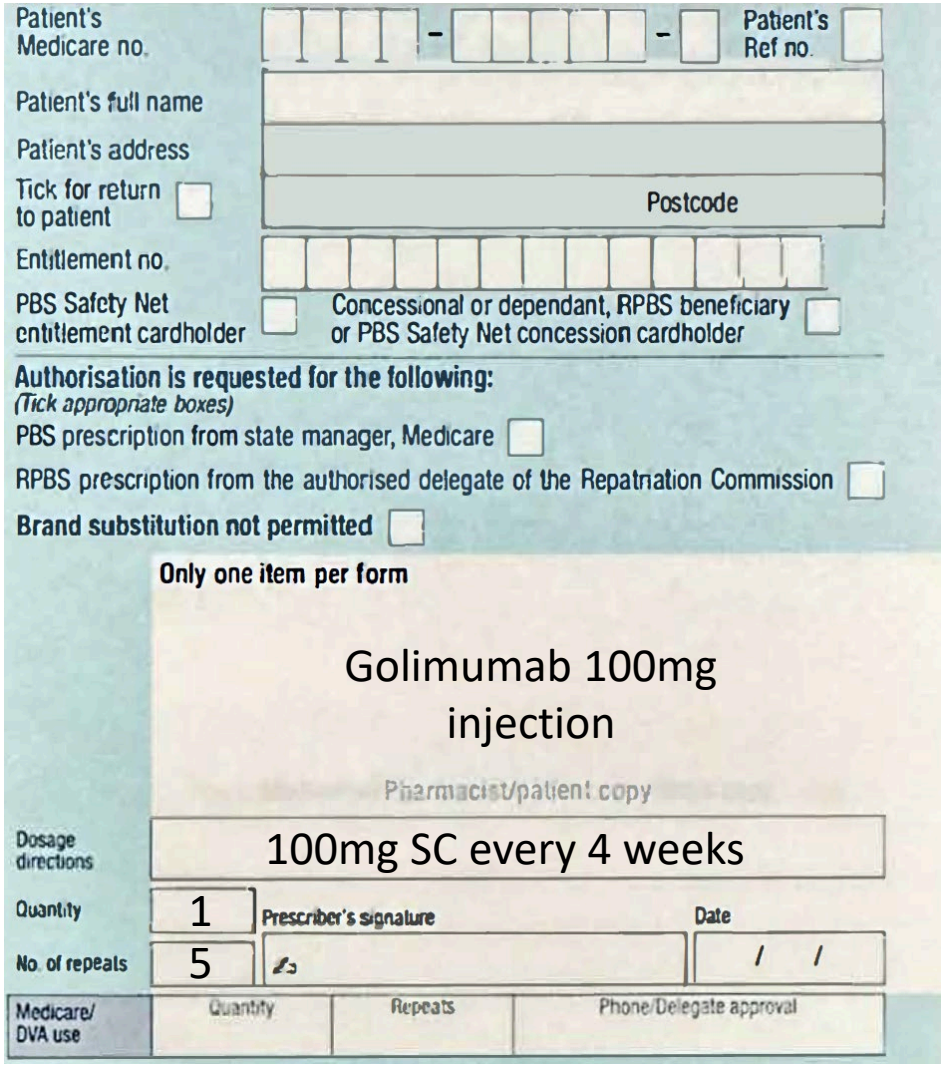
PB025.1310

Request two additional 100 mg (1 mL) injection devices to provide subcutaneous doses for Weeks 6 and 10 post commencement of treatment.

To ensure your patient receives the correct dose, please specify two 100 mg subcutaneous injections are required for week 0 on the initial prescription.

Week	Total dose	Number of 100mg SIMPONI injections
0	200 mg	2
2	100 mg	1
6 (and every 4 weeks thereafter)	100 mg	1

Golimumab SC - Maintenance



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Golimumab 100mg injection

Pharmacist/patient copy

Dosage directions: 100mg SC every 4 weeks

Quantity: 1

Prescriber's signature

Date: / /

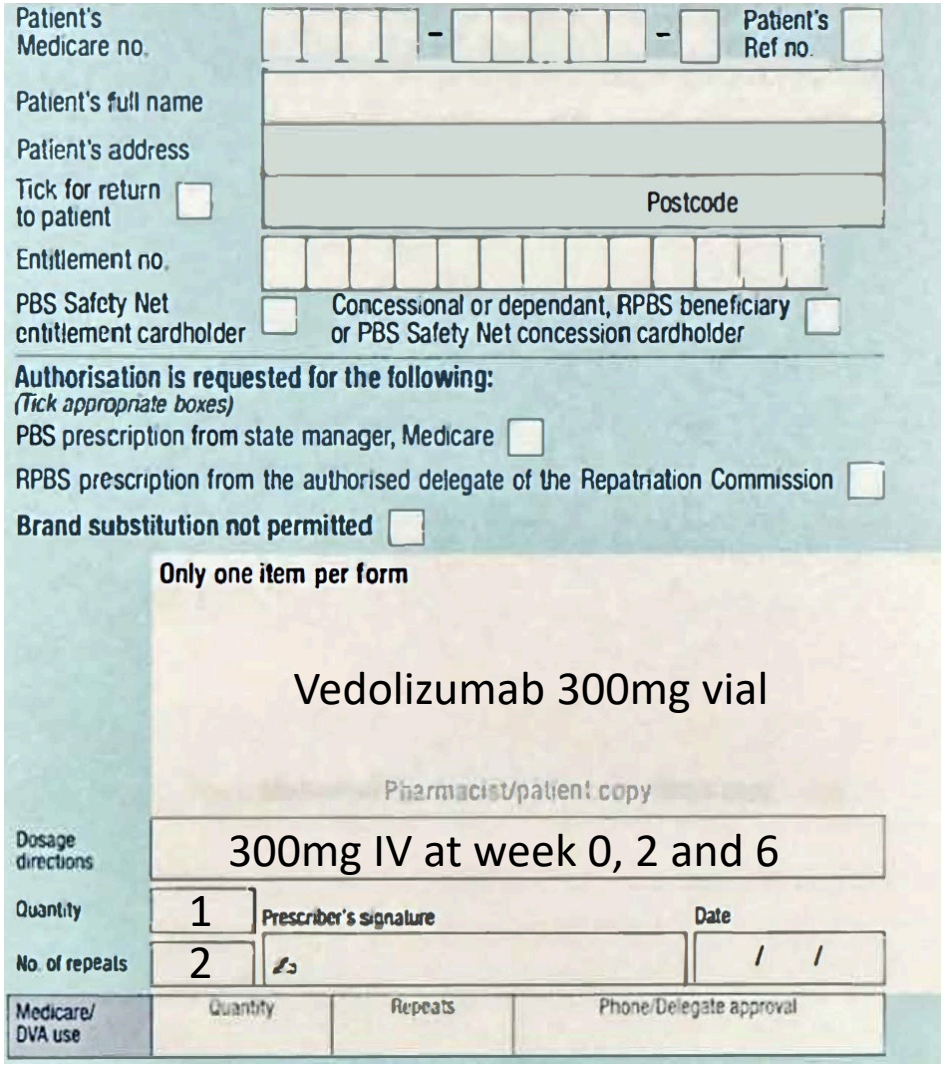
No. of repeats: 5

Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

Vedolizumab

INITIATION OPTIONS	SCHEDULE	ASSESS RESPONSE	MAINTENANCE OPTIONS
IV	IV week 0 IV week 2 IV week 6	week 12	IV in week 14, then IV every 8 weeks ***OR***
SC WITH 3 IV LOADING DOSES	IV week 0 IV week 2 IV week 6	week 12	SC week 14, and SC every 2 weeks
SC WITH 2 IV LOADING DOSES	IV week 0, IV week 2, SC week 6, SC week 8, SC week 10, SC week 12	week 12	SC week 14, and SC every 2 weeks

Vedolizumab IV - Induction



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Vedolizumab 300mg vial

Pharmacist/patient copy

Dosage directions: 300mg IV at week 0, 2 and 6

Quantity: 1

Prescriber's signature

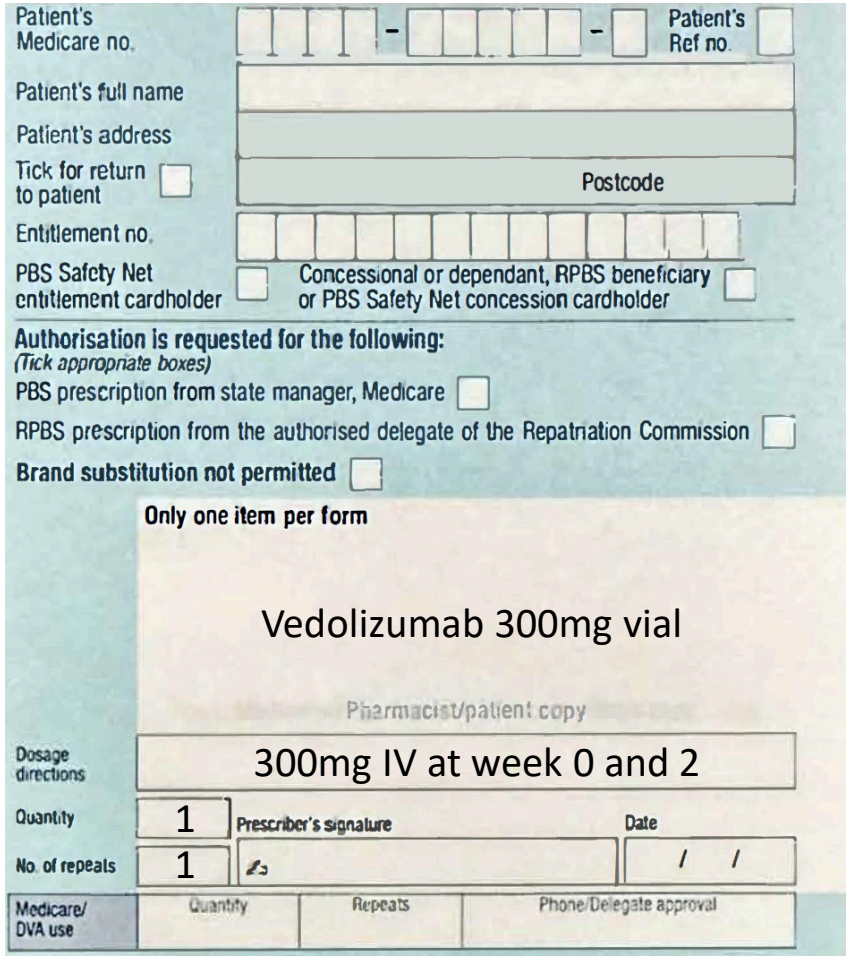
Date

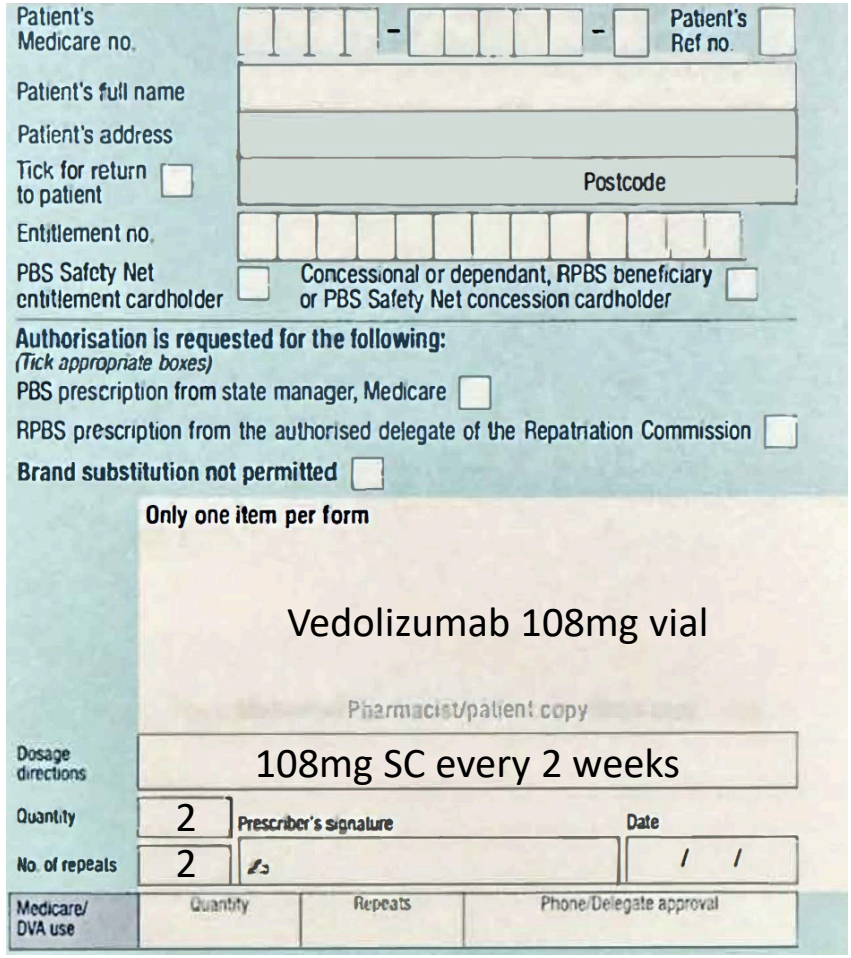
No. of repeats: 2

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

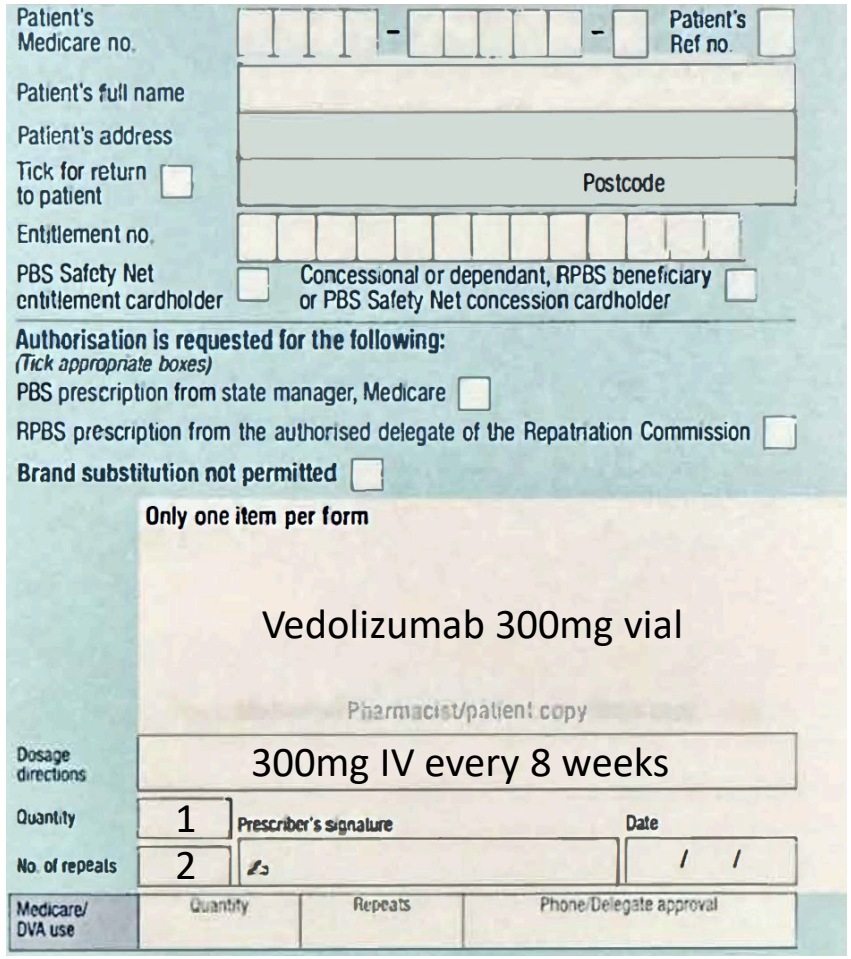
Vedolizumab IV and SC - Induction

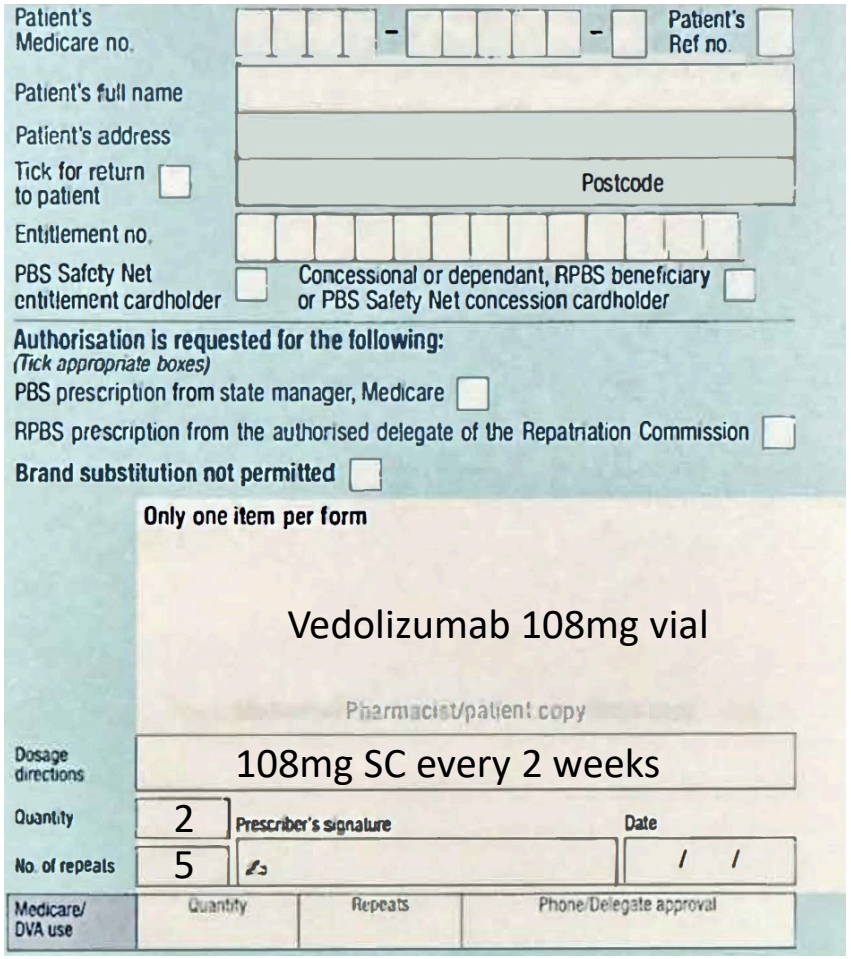
IV induction with vedolizumab week 0 and 2, followed by vedolizumab SC q2w to start at week 6: 2x scripts





Vedolizumab IV and SC - Maintenance





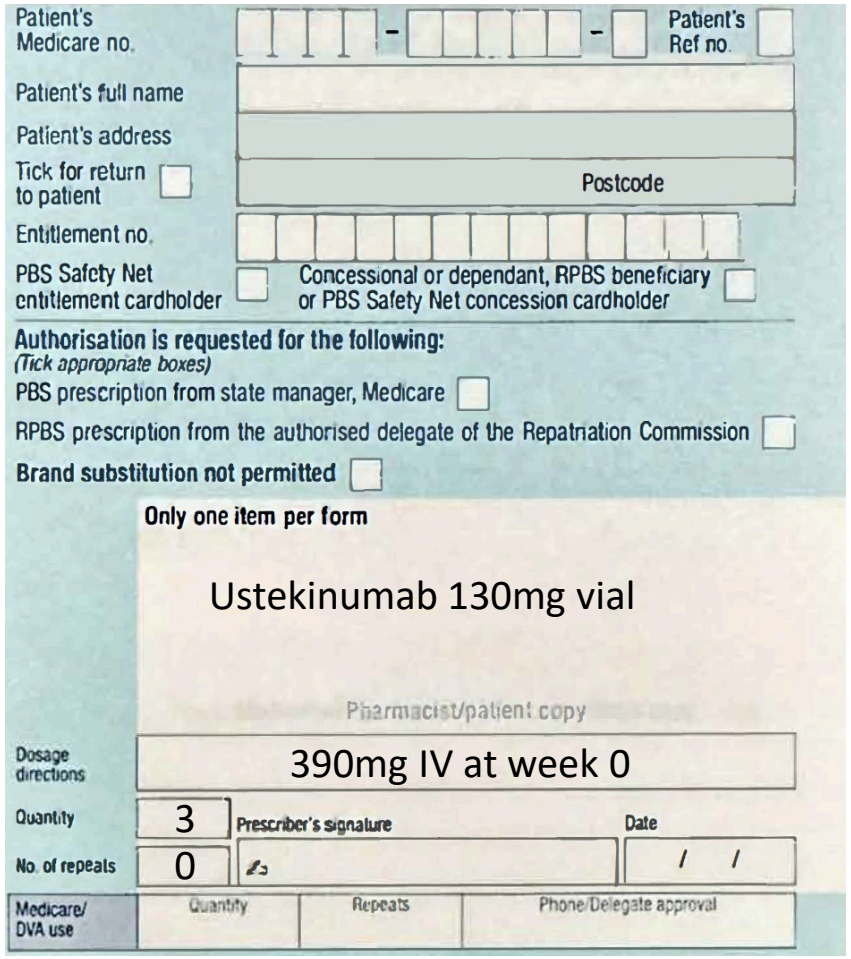
Ustekinumab IV loading dose

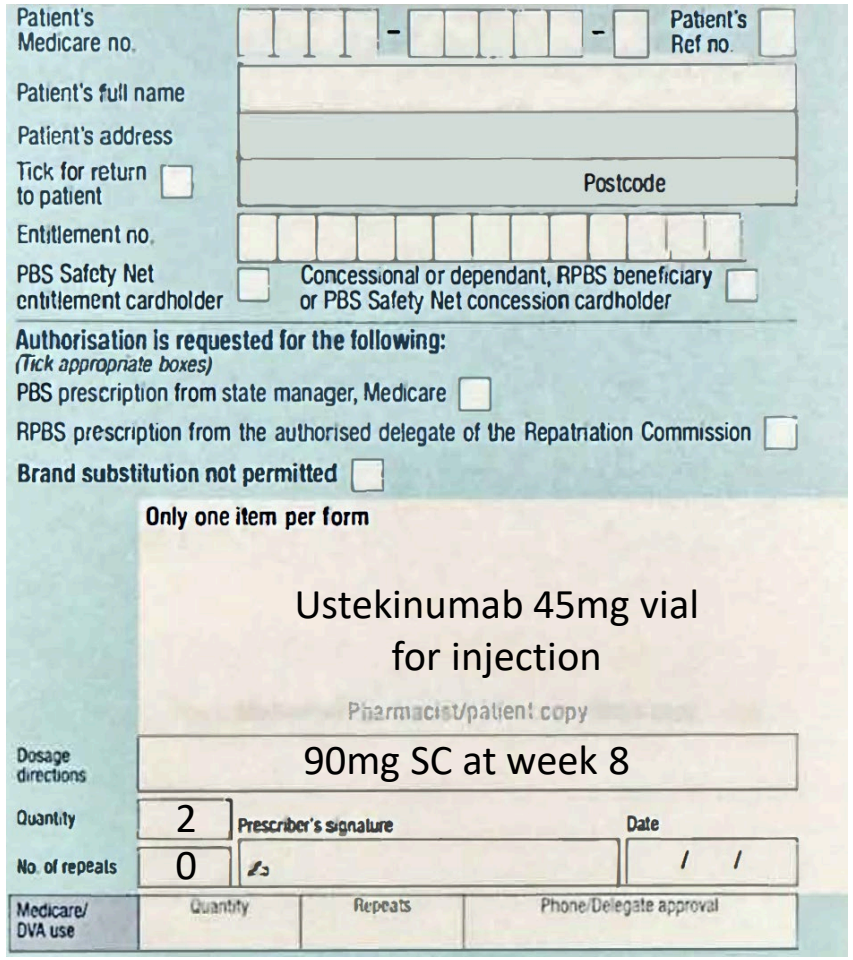
GESA Gastroenterological Society of Australia

IV induction – weight-based dosing

Body weight at time of dosing	Total†	Number of 130 mg/26 mL (5 mg/mL) STELARA vials
55 kg or less	260 mg	2
55 kg to 85 kg	390 mg	3
85 kg or more	520 mg	4

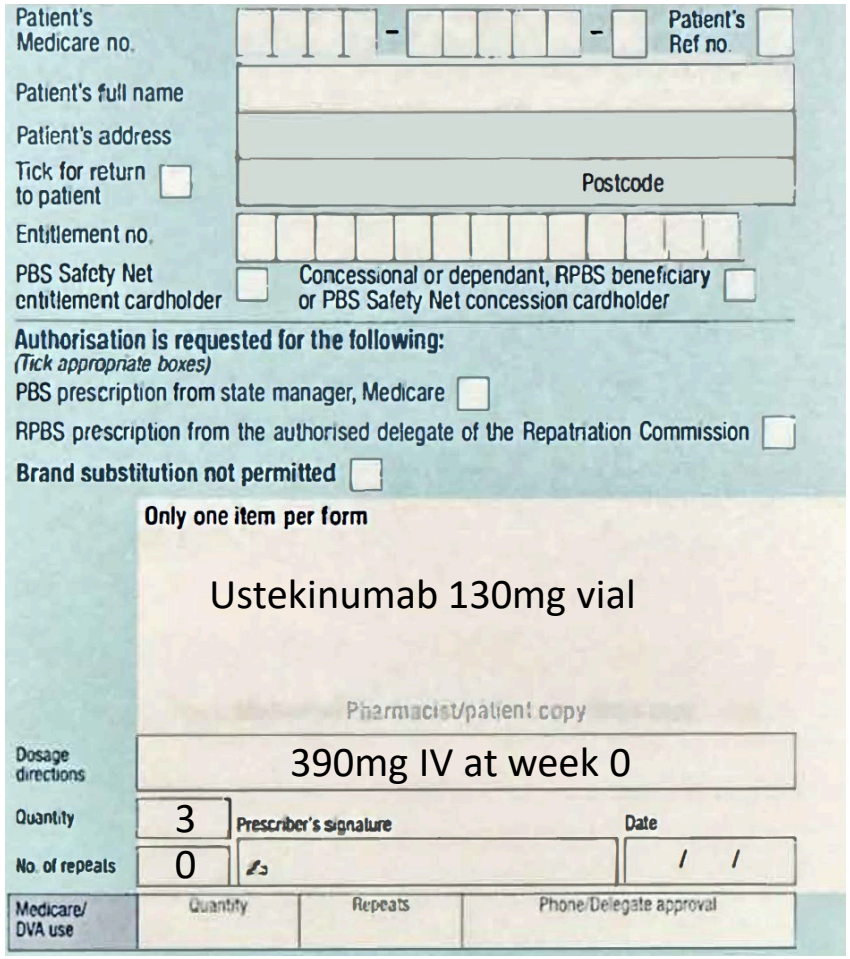
Ustekinumab – Induction (Crohn's disease)

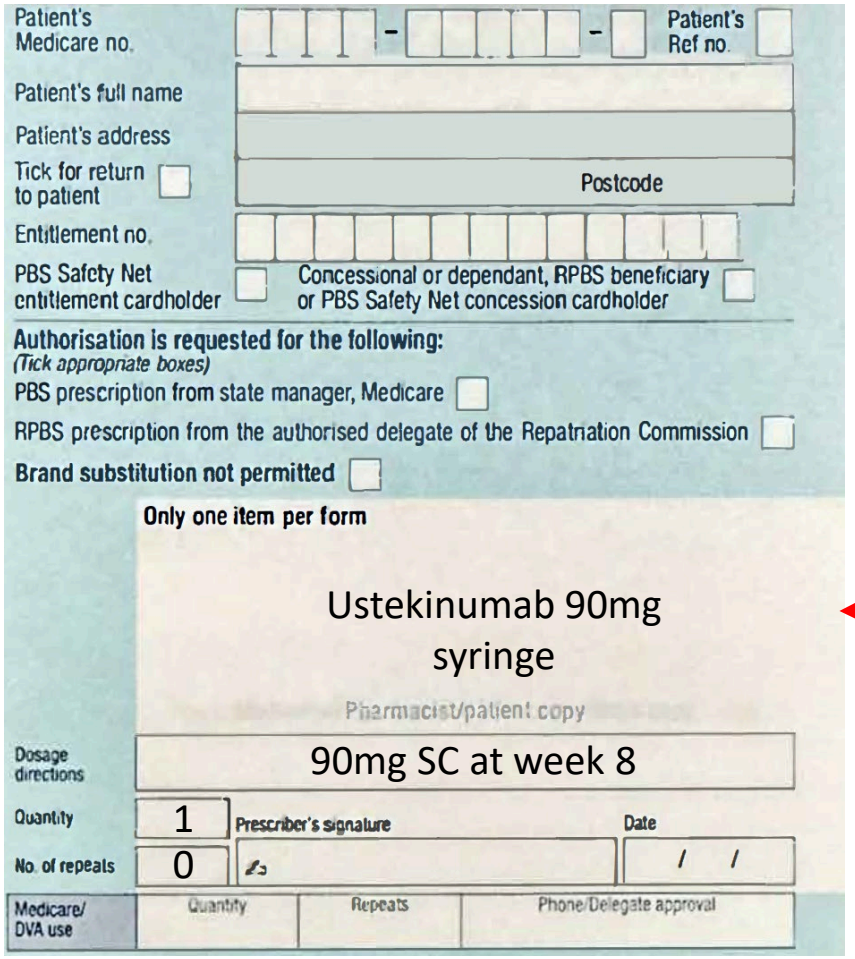

Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 130mg vial
Pharmacist/patient copy
Dosage directions: 390mg IV at week 0
Quantity: 3
Prescriber's signature
Date
No. of repeats: 0
Medicare/DVA use
Quantity
Repeats
Phone/Delegate approval


Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 45mg vial for injection
Pharmacist/patient copy
Dosage directions: 90mg SC at week 8
Quantity: 2
Prescriber's signature
Date
No. of repeats: 0
Medicare/DVA use
Quantity
Repeats
Phone/Delegate approval

Note: different dose in Crohn's disease versus ulcerative colitis

Ustekinumab – Induction (Ulcerative colitis and pFCD)

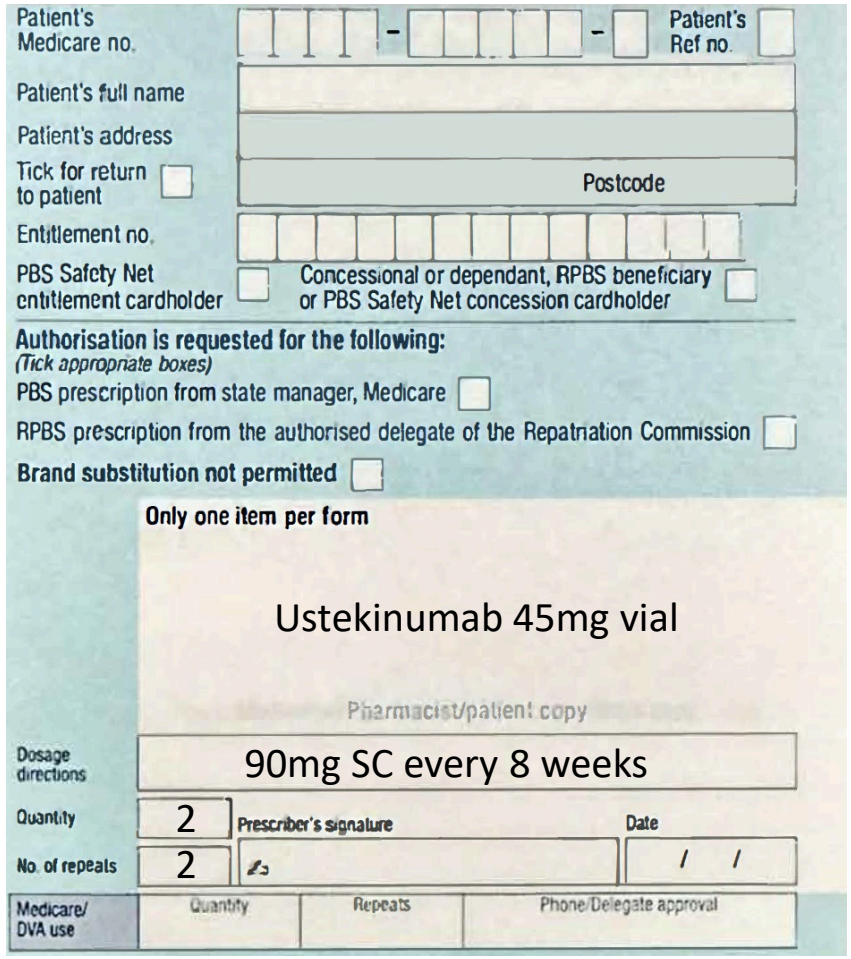

Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 130mg vial
Pharmacist/patient copy
Dosage directions: 390mg IV at week 0
Quantity: 3
Prescriber's signature
Date
No. of repeats: 0
Medicare/DVA use
Quantity
Repeats
Phone/Delegate approval


Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 90mg syringe
Pharmacist/patient copy
Dosage directions: 90mg SC at week 8
Quantity: 1
Prescriber's signature
Date
No. of repeats: 0
Medicare/DVA use
Quantity
Repeats
Phone/Delegate approval

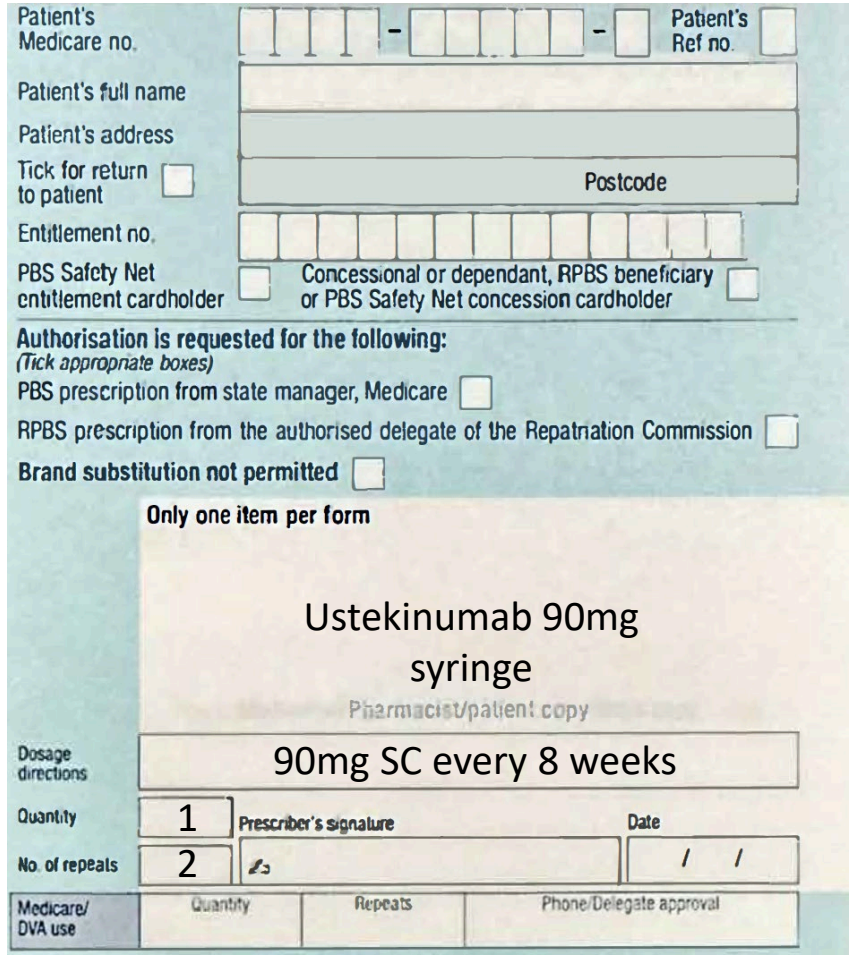
Note: different dose in ulcerative colitis and Fistulising pCD versus luminal Crohn's disease

Ustekinumab – Maintenance

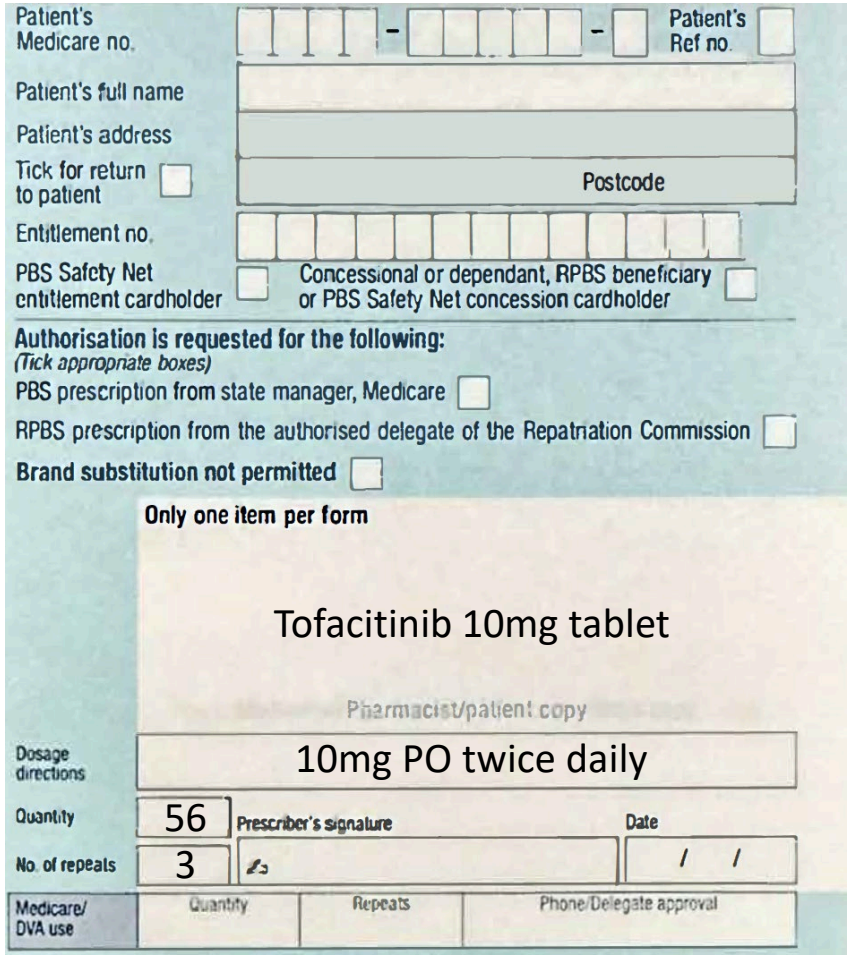
For Crohn's disease


Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 45mg vial
Pharmacist/patient copy
Dosage directions: 90mg SC every 8 weeks
Quantity: 2
No. of repeats: 2
Prescriber's signature
Date
Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

For Ulcerative colitis/ pFCD


Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder
Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted
Only one item per form
Ustekinumab 90mg syringe
Pharmacist/patient copy
Dosage directions: 90mg SC every 8 weeks
Quantity: 1
No. of repeats: 2
Prescriber's signature
Date
Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

Tofacitinib – Induction (Ulcerative colitis)



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Tofacitinib 10mg tablet

Pharmacist/patient copy

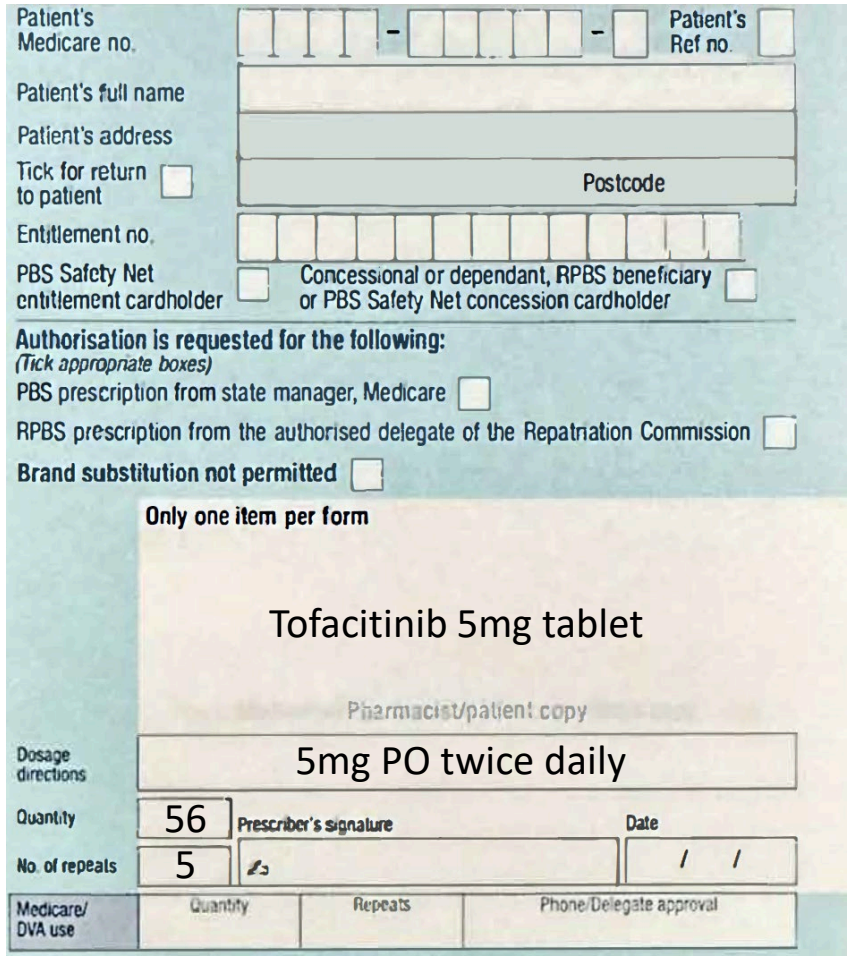
Dosage directions	10mg PO twice daily
Quantity	56
No. of repeats	3

Prescriber's signature ✍ Date / /

Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

Can step down earlier after 8 weeks and apply for maintenance 5mg twice daily

Tofacitinib – Maintenance (Ulcerative colitis)



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Tofacitinib 5mg tablet

Pharmacist/patient copy

Dosage directions: 5mg PO twice daily

Quantity: 56 Prescriber's signature Date

No. of repeals: 5 / /

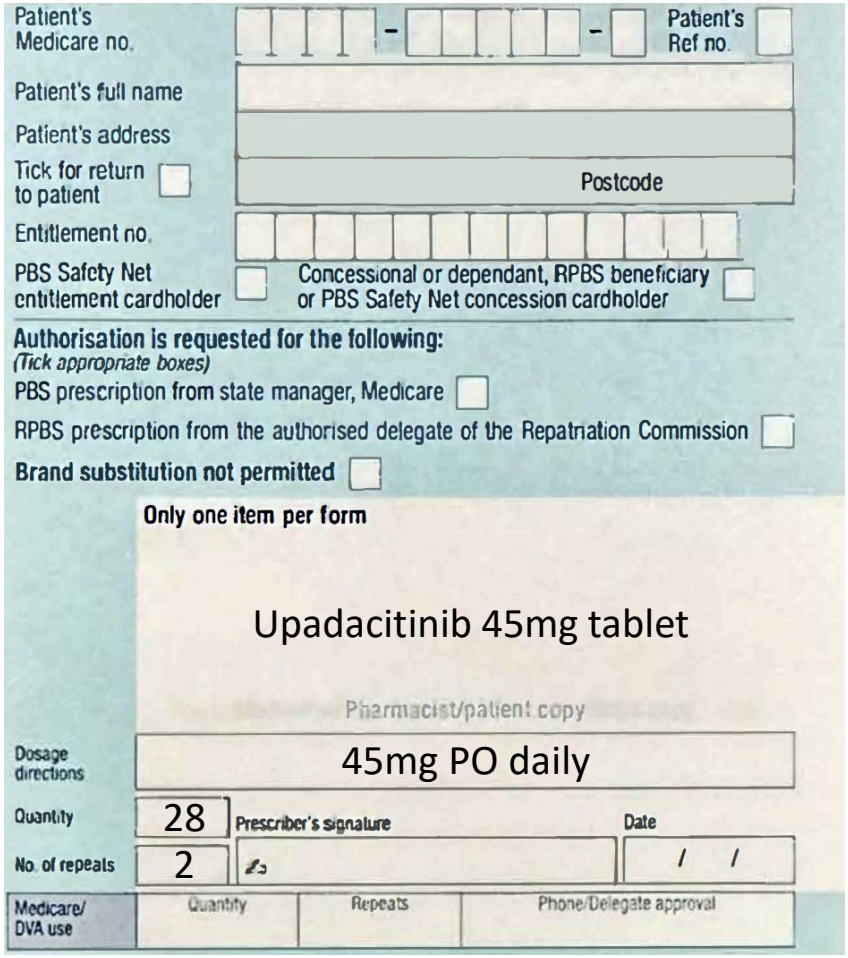
Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

- Maintenance dose is 5mg or 10mg.
- Can change between doses in between cycles by ringing PBS line or PRODA to get balance of supply.

Upadacitinib – Induction

GESA Gastroenterological Society of Australia

Crohn's disease



Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted

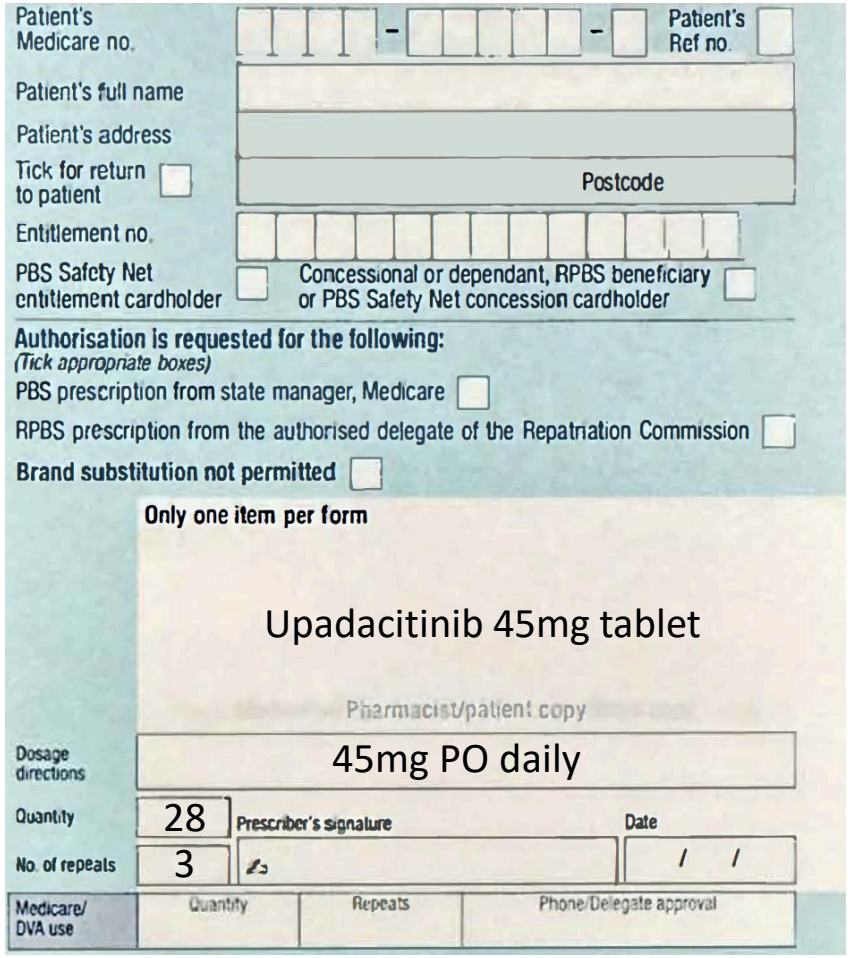
Only one item per form

Upadacitinib 45mg tablet

Pharmacist/patient copy

Dosage directions: 45mg PO daily
Quantity: 28
Prescriber's signature
Date
No. of repeals: 2
Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

Ulcerative colitis



Patient's Medicare no. – – Patient's Ref no.
Patient's full name
Patient's address
Tick for return to patient
Postcode
Entitlement no.
PBS Safety Net entitlement cardholder
Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)
PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission
Brand substitution not permitted

Only one item per form

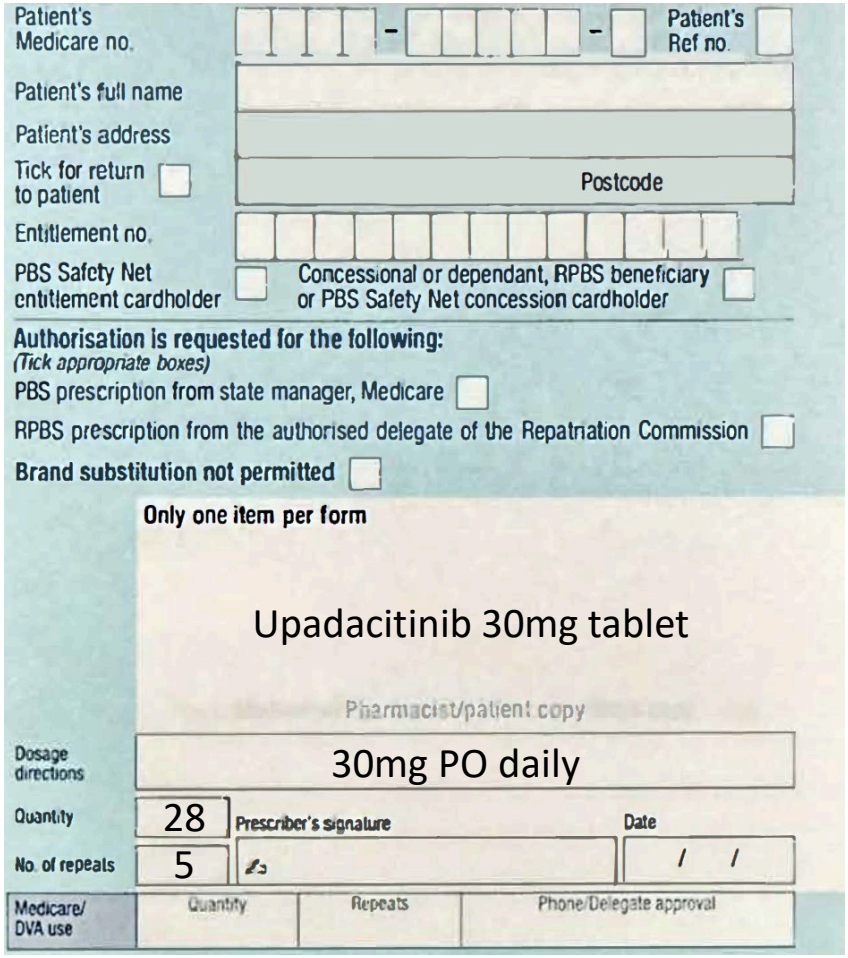
Upadacitinib 45mg tablet

Pharmacist/patient copy

Dosage directions: 45mg PO daily
Quantity: 28
Prescriber's signature
Date
No. of repeals: 3
Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

Can step down earlier after 8 weeks and apply for maintenance 15mg or 30mg

Upadacitinib – Maintenance



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Upadacitinib 30mg tablet

Pharmacist/patient copy

Dosage directions: 30mg PO daily

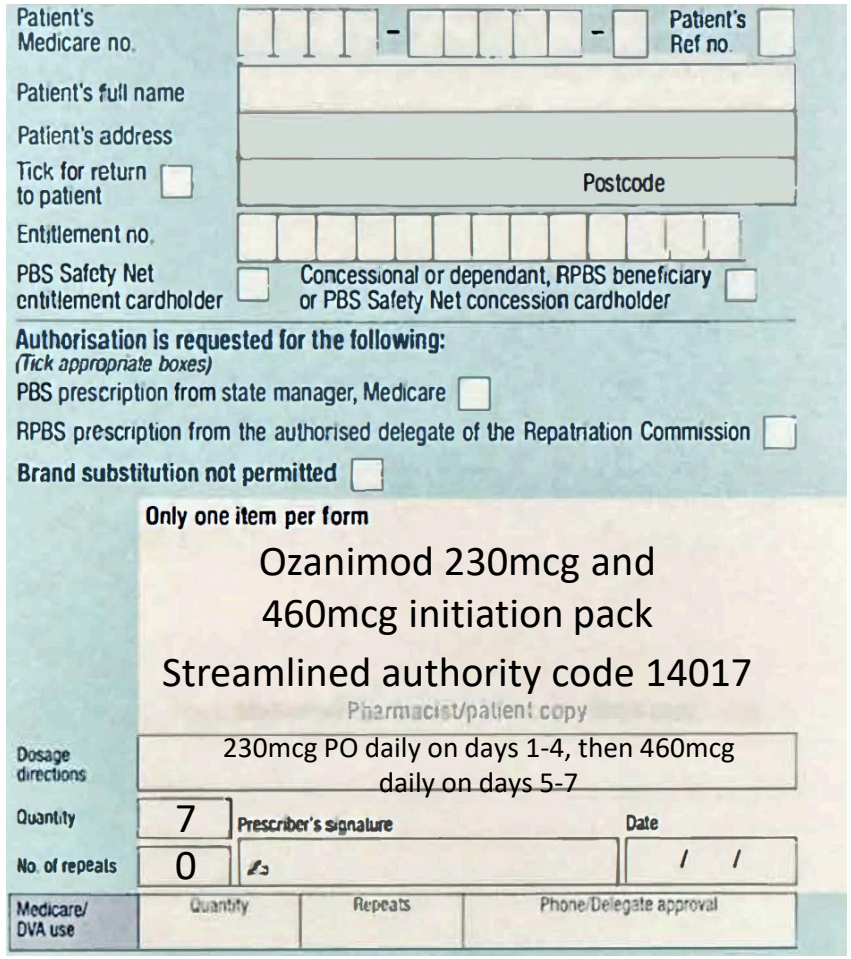
Quantity: 28 Prescriber's signature: Date: / /

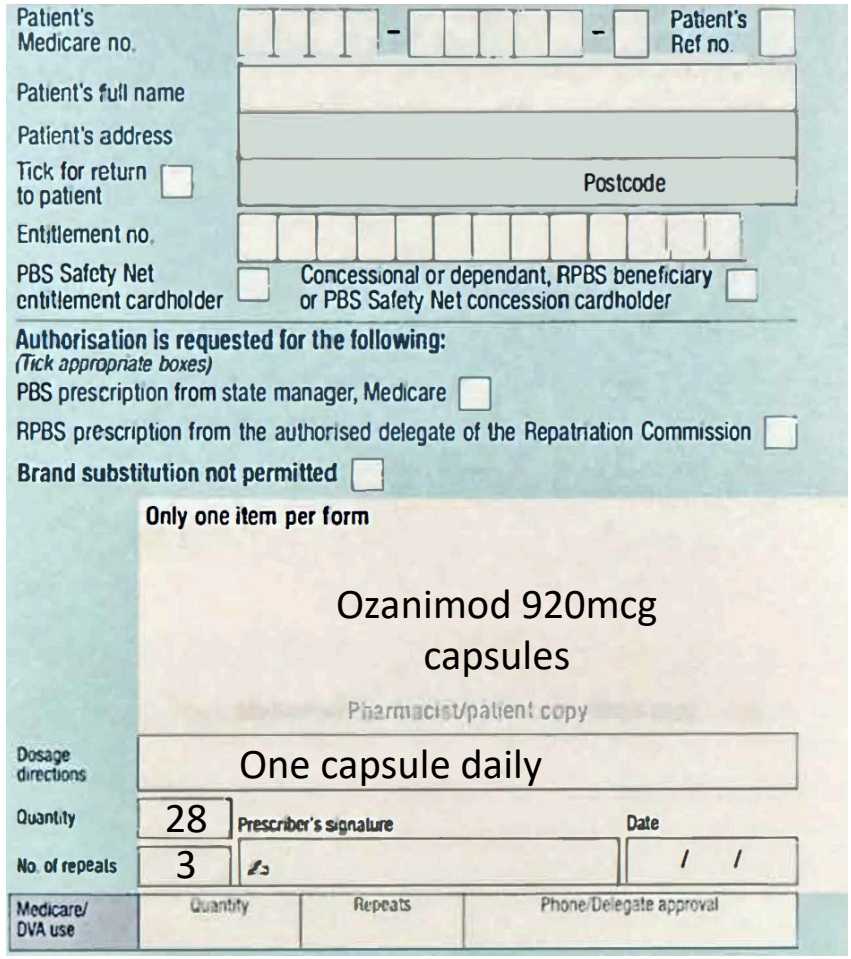
No. of repeats: 5

Medicare/DVA use: Quantity | Repeats | Phone/Delegate approval

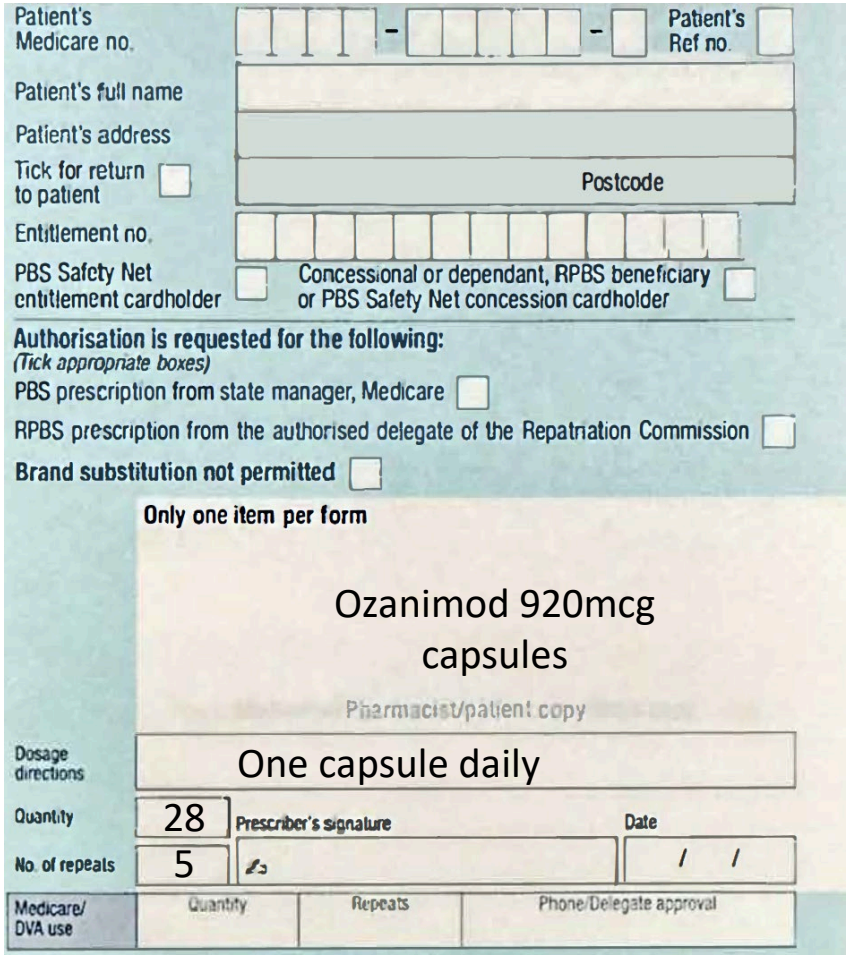
- Maintenance dose is 15mg or 30mg.
- Can change between doses in between cycles by ringing PBS line or PRODA to get balance of supply.

Ozanimod – Induction (Ulcerative colitis)





Ozanimod – Maintenance (Ulcerative colitis)



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient ☐ Postcode

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☐

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Ozanimod 920mcg capsules

Pharmacist/patient copy

Dosage directions: One capsule daily

Quantity: 28

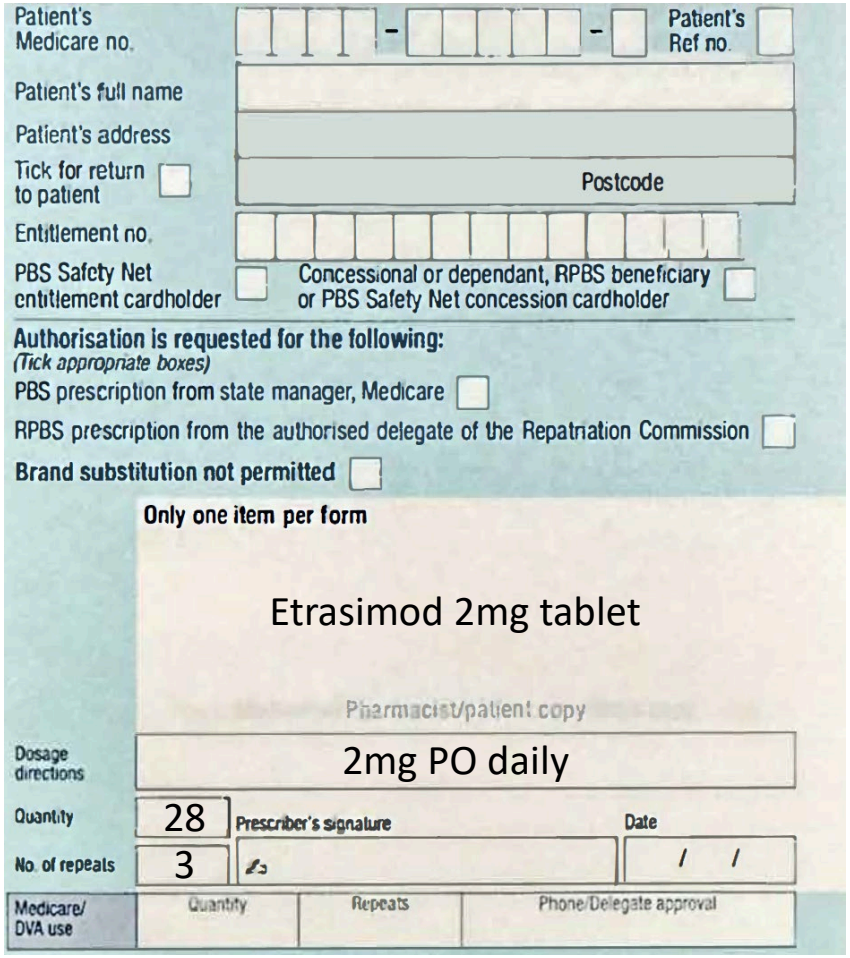
No. of repeats: 5

Prescriber's signature

Date / /

Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval

Etrasimod – Induction (Ulcerative colitis)



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Etrasimod 2mg tablet

Pharmacist/patient copy

Dosage directions: 2mg PO daily

Quantity: 28

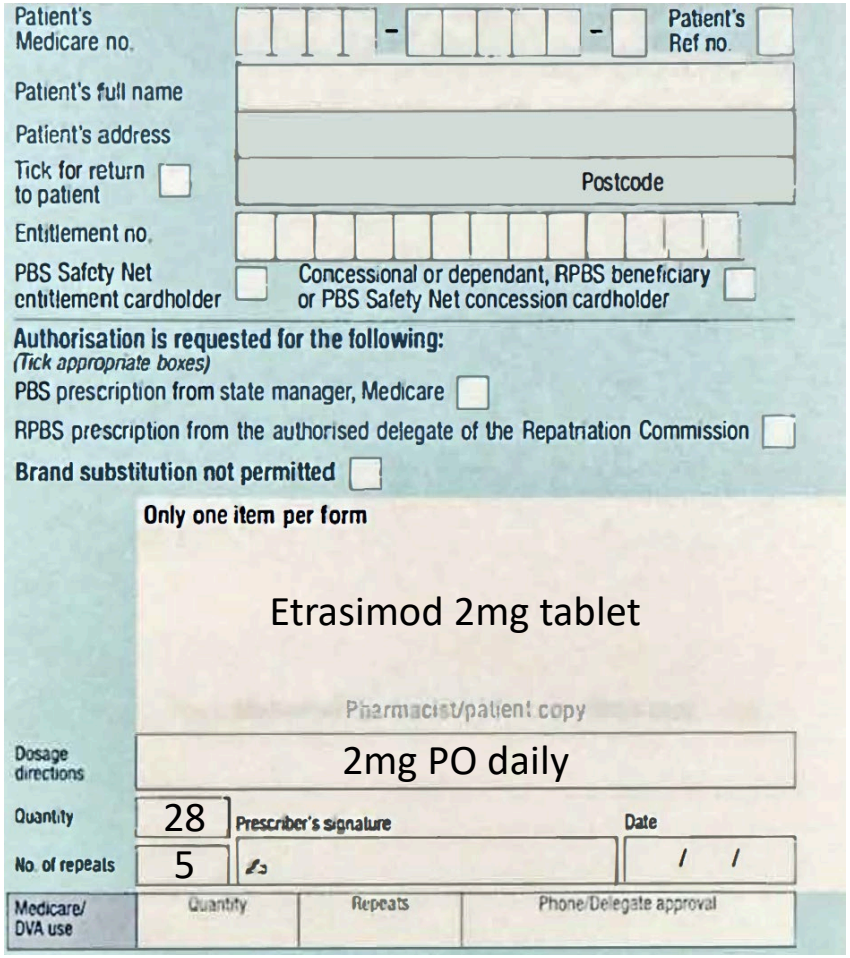
Prescriber's signature

Date

No. of repeats: 3

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval

Etrasimod – Maintenance (Ulcerative colitis)



Patient's Medicare no. – – Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Postcode

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:
(Tick appropriate boxes)

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Etrasimod 2mg tablet

Pharmacist/patient copy

Dosage directions: 2mg PO daily

Quantity: 28

Prescriber's signature

Date

No. of repeats: 5

Medicare/DVA use | Quantity | Repeats | Phone/Delegate approval