

# ZEPOSIA is now PBS listed for patients with ulcerative colitis (UC) who have failed or are intolerant to conventional or biological therapy<sup>1</sup>

ZEPOSIA is a General Schedule, Authority Required drug<sup>1</sup>

Make sure you provide your patient with the approved maintenance pack script when you initiate them on the 7-day initiation pack to ensure continuation of treatment

Refer to the PBS schedule for full clinical criteria, prescribing instructions, and administrative advice, available at [www.pbs.gov.au](http://www.pbs.gov.au)

## Adult patients with moderately to severely active UC who require treatment beyond conventional therapies:

	PBS code	Max qty packs	Max qty units	Number of repeats	Application method
<b>PBS initial treatment:*</b>					
ZEPOSIA 7-day initiation pack	13251K	1	7	0	Streamlined Authority code: 14017
ZEPOSIA 28-day maintenance pack	13271L	1	28	3	Written authority (mail or online)
<b>PBS continuing treatment:†</b>					
ZEPOSIA 28-day maintenance pack	13269J	1	28	5	Online or phone (real time)

\*No more than the balance of up to 16 weeks treatment available under the initial treatment restrictions. †Patient must be assessed for response following a minimum of 9 weeks of initial treatment (maximum of 17 weeks).

**See over for examples of how to prescribe**

# EXAMPLE ONLY

## PBS initial treatment: Initiation pack Authority required (Streamlined)

### PBS/RPBS authority prescription

Not valid unless authorised by delegate

Dr A Practitioner  
99 Station Street  
CENTRAL NSW 2001  
Phone: (02) 9999 9999

Prescriber Number  
123456

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 230 mcg capsule [4] and ozanimod 460 mcg capsule [3] (ZEPOSIA initiation pack)*

Streamlined Authority code: 14017

Pharmacist/patient copy

Dosage directions

Quantity  Prescriber's signature  Date

No. of repeats

Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval
<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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 purposes 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](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

PB025.1310

## PBS initial treatment: Maintenance pack Authority required (written)

### PBS/RPBS authority prescription

Not valid unless authorised by delegate

Dr A Practitioner  
99 Station Street  
CENTRAL NSW 2001  
Phone: (02) 9999 9999

Prescriber Number  
123456

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 (ZEPOSIA) 920 mcg capsule, 28*

Pharmacist/patient copy

Dosage directions

Quantity  Prescriber's signature  Date

No. of repeats

Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval
<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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

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PB025.1310

Note that during the PBS continuing treatment phase, the number of repeats is 5.

PBS listed.

Refer to [www.pbs.gov.au](http://www.pbs.gov.au) for full authority information.

Before prescribing, please review Product Information. Full PI is available from Bristol Myers Squibb Australia Medical Information, telephone: 1800 067 567 or scan the QR code.



1. PBS. ZEPOSIA®. [www.pbs.gov.au/pbs/search?term=zeposia](http://www.pbs.gov.au/pbs/search?term=zeposia). ZEPOSIA® is a registered trademark of Celgene Corporation. Bristol Myers Squibb Australia Pty Ltd. ABN 33 004 333 322. Level 2, 4 Nexus Court, Mulgrave VIC 3170. Date of preparation: April 2023. 2084-AU-2200143. BMUC26000W. Ward6.

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