**ADRENALINE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Manner of administration and form  I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector | | Max.Qty | №.of Rpts | Dispensed Price for Max. Qty | Proprietary Name and Manufacturer | |
| DRUG NAME (IN CAPITALS)  **ADRENALINE**  {Forms(s)} {strength(s)}  Auto-Injector 150 microgram/0.3 mL injection: solution, 1 x 0.3 mL syringe | | 1 | 0 | $106.34 | **ANAPEN**  Link Medical Products Pty Ltd |  |
|  | | | | | | |
| **Category /**  **Program** | General Schedule (Code GE) | | | | | |
| **Prescriber type:** | Dental Medical Practitioners Nurse practitioners Optometrists  Midwives | | | | | |
| **Episodicity:** | Acute | | | | | |
| **Severity:** | N/A | | | | | |
| **Condition:** | allergic reaction with anaphylaxis | | | | | |
| **PBS Indication:** | Acute allergic reaction with anaphylaxis | | | | | |
| **Treatment phase:** | Initial sole PBS-subsidised supply for anticipated emergency treatment | | | | | |
| **Restriction Level / Method:** | Restricted benefit  Authority Required - In Writing  Authority Required - Telephone  Authority Required – Emergency  Authority Required - Electronic  Streamlined | | | | | |
| **Treatment criteria:** | N/A | | | | | |
| **Clinical criteria:** | * Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; **OR** * Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; **OR** * Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; **OR** * Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician. | | | | | |
| **Population criteria:** | N/A | | | | | |
| **Foreword** | N/A | | | | | |
| **Definitions** | N/A | | | | | |
| **Prescriber Instructions** | The name of the specialist consulted must be provided at the time of application for initial supply. | | | | | |
| **Administrative Advice** | * The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.) * Authority approvals will be limited to a maximum quantity of 2 auto-injectors (Anapen or EpiPen) at any one time. * No applications for repeats will be authorised. | | | | | |
| **Cautions** | EpiPen and Anapen products have different administration techniques and should not be prescribed to the same patient without training in their use. | | | | | |