

Idiopathic pulmonary fibrosis – initial authority application

Online services



Requesting PBS Authorities online provides an immediate assessment in real time.

For more information and how to access the **Online PBS Authorities** system, go to servicesaustralia.gov.au/hppbsauthorities

When to use this form

Use this form to apply for **initial** PBS-subsidised nintedanib or pirfenidone for patients with idiopathic pulmonary fibrosis (IPF).

Important information

Initial applications to start PBS-subsidised treatment can be made in real time using the **Online PBS Authorities** system or in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Under no circumstances will phone approvals be granted for **initial** authority applications.

The information in this form is correct at the time of publishing and may be subject to change.

Continuing treatment

This form is **ONLY** for **initial** treatment.

After an authority application for **initial** treatment has been approved, applications for **continuing, change** or **recommencement** of treatment can be made in real time using the **Online PBS Authorities** system or by phone. Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.

Call charges may apply.

For more information

Go to servicesaustralia.gov.au/healthprofessionals



medicare



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Online services



You do not need to complete this form if you use the **Online PBS Authorities** system.

Go to servicesaustralia.gov.au/hppbsauthorities

Patient's details

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr Mr Mrs Miss Ms Other

Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.

7 The patient:

has been diagnosed through a multidisciplinary team

and

is being treated by, or in consultation with a respiratory physician or specialist physician

and

has a chest high resolution computed tomography (HRCT) consistent with a diagnosis of IPF, performed within the previous 12 months

and

has a forced vital capacity (FVC) of at least 50% predicted for age, gender and height

and

has a forced expiratory volume in 1 second to forced vital capacity (FEV1/ FVC) ratio greater than 0.7

and

did not have an acute respiratory infection at the time of FVC measurement

and

has diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin of at least 30%

and

does not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity

and

will receive this treatment as the sole PBS-subsidised therapy for IPF.

8 Is the patient undergoing sequential or simultaneous PBS-subsidised treatment for this condition and progressive fibrosing interstitial lung disease (PF-ILD)?

No

Yes

9 Has the patient or their guardian been informed of the criteria for initiating and continuing therapy as per the PBS treatment criteria?


No

Yes



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Checklist

- 10  The relevant attachments need to be provided with this form.

The completed authority prescription form(s).

Privacy notice

- 11 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing and processing this authority application.

Personal information may be used by Services Australia, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at servicessaustralia.gov.au/privacy

Prescriber's declaration

12 I declare that:

- I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.
- I have informed the patient that their personal information (including health information) will be disclosed to Services Australia for the purposes of assessing and processing this authority application.
- I have provided the completed authority prescription form(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Prescriber's signature



Date (DD MM YYYY)

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Returning this form

Return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at servicessaustralia.gov.au/hpos
- **or**
- by post, send this form, the authority prescription form(s) and any relevant attachments to:

Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001