

medicare



Retinal vein occlusion – initial authority application

Online PBS Authorities

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 aflibercept, dexamethasone intravitreal implant or ranibizumab for patients with branched retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) with macular oedema.

Important information

Initial applications to start PBS-subsidised treatment for each eye 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.

Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority approval for initial treatment of each eye must be sought.

Under no circumstances will phone approvals be granted for retinal vein occlusion **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** treatment with the same drug for the same eye as per the PBS restriction is **Authority Required (STREAMLINED)** and does not require prior authority approval from Services Australia for the listed quantity and repeats.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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Online PBS Authorities 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** Medicare card number Department of Veterans' Affairs card number Mr Mrs Miss Ms Family name First given name 3 Date of birth (DD MM YYYY) **Appointment details** Scheduled appointment Date (DD MM YYYY) am/pm Time Prescriber's details Prescriber number Dr Mr Mrs Miss Ms Other Family name First given name 7 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.					
8	The patient is being treated by either an: ophthalmologist or accredited ophthalmology registrar in consultation	on with an			
9	ophthalmologist. The patient has visual impairment due to retinal vein occlusion in:				
10	☐ right eye ☐ left eye ☐ both eyes Is this treatment the sole PBS-subsidised therapy for condition? No ☐ Yes ☐	this			
		Go to 12			
11	The patient: has a contraindication to vascular endothelial grofactor (VEGF) inhibitors	wth			
	or has failed prior treatment with VEGF inhibitors.				
12	The patient has visual impairment due to macular oed secondary to:	dema			
	branched retinal vein occlusion (BRV0)	Go to 13			
	central retinal vein occlusion (CRVO)	Go to 14			
13	Does the patient have a best-corrected visual acuity (BCVA) score based on the early treatment diabetic retinopathy study (ETDRS) chart of between 73 and 20 letters administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400) in the eye(s) proposed for treatment? No				

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14	Does the patient have a best-corrected visual acuity (BCVA) score based on the early treatment diabetic retinopathy study		Prescriber's declaration		
	(ETDRS) chart of between 73 and 24 letters administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320) in the eye(s) proposed for treatment? No	usin Prof	do not need to sign the declaration if you complete this form g Adobe Acrobat Reader and return this form through Health essional Online Services (HPOS) at ricesaustralia.gov.au/hpos		
	Yes L	19 ı	declare that:		
15	The patient has been diagnosed by either: optical coherence tomography	•	I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.		
16	or fluorescein angiography. Provide details of the optical coherence tomography or	•	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		
	fluorescein angiogram report		authority application.		
	Date of the report (DD MM YYYY)	•	I have provided details of the proposed prescription(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.		
	Unique identifying number/code or provider number		the information I have provided in this form is complete and correct.		
		1	understand that:		
Ch	ecklist	•	giving false or misleading information is a serious offence.		
			I have read, understood and agree to the above.		
17	The relevant attachments need to be provided with this form.		Date (DD MM YYYY) (you must date this declaration)		
	Details of the proposed prescription(s).				
		F	Prescriber's signature (only required if returning by post)		
Privacy notice					
18	Personal information is protected by law (including the <i>Privacy Act 1988</i>) and is collected by Services Australia for the				
	purposes of assessing and processing this authority application.	Ret	urning this form		
	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		rn this form, details of the proposed prescription(s) and any vant attachments:		
	purpose of research or conducting investigations).	•	online (no signature required), upload through HPOS at servicesaustralia.gov.au/hpos		
	More information about the way in which Services Australia manages personal information, including our privacy policy, can		or .		
	be found at servicesaustralia.gov.au/privacypolicy		by post (signature required) to		
			Services Australia		
			Complex Drugs Programs Reply Paid 9826		
			HOBART TAS 7001		