

Severe growth failure with primary insulin-like growth factor-1 deficiency – mecasermin – continuing 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 **continuing** PBS-subsidised mecasermin for patients aged from 2 to 17 years old (inclusive) with severe growth failure with primary insulin-like growth factor-1 deficiency (IGFD).

Important information

Continuing authority applications 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 severe growth failure with IGFD **continuing** 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 **continuing** treatment.

Treatment specifics

Current height, growth velocity and weight measurements must not be more than **3 months** old at the time of application.

Laron syndrome growth charts are those appearing in the following publication:

Laron Z, Lilos P, Klingler B. Growth Curves for Laron syndrome. *Arch Dis Child*. 1993; 68(6): 768-770.

This literature article can be accessed through the following website

ncbi.nlm.nih.gov/pmc/articles/PMC1029371

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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medicare



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

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)

4 Patient's weight

 kg

Prescriber's details

5 Prescriber number

6 Dr Mr Mrs Miss Ms Other

Family name

First given name

7 Business phone number (including area code)

Alternative phone number (including area code)

Dosage details

8 Number of vials requested for 30 days of treatment
(= 7.2 × weight (kg) ÷ 40)

9 Dose

 mg/kg twice daily

Conditions and criteria

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

10 The patient is being treated by, and this authority application is completed by:

a paediatric endocrinologist

or

a paediatrician in consultation with a paediatric endocrinologist

11 The patient aged between 2 and 17 years old (inclusive) is:

a female with a bone age less than 13.5 years

or

a male with a bone age less than 15.5 years

12 Patient's current height

 cm

13 Is the patient known to have epiphyseal closure/growth plate fusion?

No

Yes

14 Is the patient responding to PBS-subsidised treatment by showing catch-up for height standard deviation score against Laron syndrome growth charts and currently has a growth velocity greater than 2cm per year?

No **not eligible**

Not responding due to sub-optimal dosing

Yes **Go to 16**

15 If the patient's inadequate response to treatment is only due to sub-optimal dosing, provide the most recently prescribed dose

 mg/kg twice daily


Go to 17



MCA0PB337 240411

- 16 Provide the patient's current growth velocity to show response to the treatment

Checklist

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

Details of the proposed prescription(s).

Privacy notice

- 18 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 servicesaustralia.gov.au/privacypolicy

Prescriber's declaration

19 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 details of the proposed prescription(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)

Returning this form

Return this form, details of the proposed prescription(s) and any relevant attachments:

- **online**, upload through HPOS at servicesaustralia.gov.au/hpos
- **or**
- by post to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001