Australian Government
Services Australia

medicare

PBS

Severe aplastic anaemia – eltrombopag – 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 **first-line** treatment or **initial second-line** treatment with PBS-subsidised eltrombopag for patients with severe aplastic anaemia.

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 severe aplastic anaemia **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 **first-line** or **initial second-line** treatment.

After an authority application for the **initial second-line** treatment has been approved, applications for **continuing second-line** 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.

Section 100 arrangements for eltrombopag

This item is available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, **or**
- patient on discharge.

This item is not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

A patient must **not** receive **more than 24 weeks** of **first-line** treatment in a lifetime.

A patient must **not** receive **more than 16 weeks** of **initial second-line** treatment.

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

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)

Hospital details

7 Hospital name

This hospital is a:

☐ public hospital

☐ private hospital

8 Hospital provider number

Conditions and criteria

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

9 Is the condition severe aplastic anaemia?

No ☐

Yes ☐

10 This application is for:

☐ **first-line** treatment ▶ ***Go to 11***

or

☐ initial **second-line** treatment ▶ ***Go to 15***

11 Has the patient received treatment with immunosuppressive therapy for this condition?

No ☐

Yes ☐

12 Will the treatment be in combination with standard immunosuppressive therapy, including anti-thymocyte antibody and ciclosporin?

No ☐

Yes ☐

13 Is the patient eligible for haemopoietic stem cell transplant?

No ☐

Yes ☐

14 Will the patient receive more than 24 weeks of treatment under this restriction in a lifetime?

No ☐ ▶ ***Go to 18***

Yes ☐ ▶ ***Ineligible***

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15 The patient has:

☐ failed to achieve an adequate response to prior immunosuppressive therapy including anti-thymocyte antibody and ciclosporin

or

☐ relapsed following prior immunosuppressive therapy including anti-thymocyte antibody and ciclosporin.

16 Provide details of prior immunosuppressive therapy including dates of treatment

a) Immunosuppressive therapy

From (DD MM YYYY)

To (DD MM YYYY)

b) Immunosuppressive therapy

From (DD MM YYYY)

To (DD MM YYYY)

17 Will the patient receive more than 16 weeks of treatment under this restriction?

No ☐ ***Go to 18***

Yes ☐ ***Ineligible***

Checklist

18

The relevant attachments need to be provided with this form.

☐ Details of the proposed prescription(s).

Privacy notice

19 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

You do not need to **sign** the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

20 **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.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

Prescriber's signature (**only** required if returning by post)

Returning this form

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

- **online** (no signature required), upload through HPOS at **servicesaustralia.gov.au/hpos**

  or

- by post (signature required) to

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001