

# Severe aplastic anaemia – eltrombopag – initial grandfather 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](https://servicesaustralia.gov.au/hppbsauthorities)

## When to use this form

Use this form to apply for **initial grandfather** PBS-subsidised eltrombopag as **first-line** treatment for patients with severe aplastic anaemia who have received non-PBS-subsidised treatment with eltrombopag for the same condition prior to **1 May 2024**.

## Important information

**Initial grandfather** applications to start PBS-subsidised **first-line** 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 first-line grandfather** 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 first-line grandfather** treatment.

A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

## 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 treatment under this restriction in a lifetime.

## For more information

Go to [servicesaustralia.gov.au/healthprofessionals](https://servicesaustralia.gov.au/healthprofessionals)

# Severe aplastic anaemia – eltrombopag – initial grandfather authority application

### 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** Has the patient received non-PBS-subsidised treatment with this drug for this condition prior to **1 May 2024**?

No

Yes

**10** Is the condition severe aplastic anaemia?

No

Yes

**11** Prior to commencing non-PBS-subsidised treatment, had 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

Yes



## Checklist

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

Details of the proposed prescription(s).

## Privacy notice

- 16 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](https://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](https://servicesaustralia.gov.au/hpos)

### 17 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)

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


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## 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](https://servicesaustralia.gov.au/hpos)  
**or**
- by post (signature required) to  
Services Australia  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001