Australian Government
Services Australia

medicare

PBS

Acromegaly – pasireotide – 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 pasireotide for patients with acromegaly.

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 acromegaly **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 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 pasireotide

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.

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 Will the patient receive pasireotide treatment concomitantly with PBS-subsidised pegvisomant?

No ☐

Yes ☐

10 The patient has:

☐ a mean growth hormone (GH) level > 1 mcg/L

Mean GH level

mcg/L

Date of assessment (DD MM YYYY)

or

☐ a mean GH level > 3 mIU/L

Mean GH level

mIU/L

Date of assessment (DD MM YYYY)

or

☐ an age and sex adjusted insulin-like growth factor 1 (IGF-1) concentration > the upper limit of normal (ULN)

IGF-1 level

ng/mL

Date of assessment (DD MM YYYY)

MCA0PB181 2408

11 The patient has:

☐ failed to achieve biochemical control with maximum indicated dose of 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks

▶ *Go to 12*

or

☐ an intolerance or a contraindication to octreotide or lanreotide according to the TGA approved Product Information

Provide details of the contraindication or intolerance of a severity necessitating treatment withdrawal

▶ *Go to 13*

12 The patient failed to achieve biochemical control after completion of prior therapy with either octreotide or lanreotide demonstrated by:

☐ a GH level > 1 mcg/L

or

☐ a GH level > 3 mIU/L

or

☐ an IGF-1 level > the age and sex adjusted ULN

13 Has the patient previously been treated with radiotherapy for this condition?

No ☐ ▶ *Go to 16*

Yes ☐

14 Date of completion of radiotherapy (DD MM YYYY)

15 Provide biochemical evidence of remission (with result taken at the most recent 2 yearly assessment in the 10 years after completion of radiotherapy)

☐ GH level

Date of assessment (DD MM YYYY)

or

☐ Normalised IGF-1 level

ng/mL

Date of assessment (DD MM YYYY)

Checklist

16 The relevant attachments need to be provided with this form.

☐ Details of the proposed prescription(s).

Privacy notice

17 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**

18 **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)

If returning by post, print and sign by hand.

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

Reset form