

medicare



Acromegaly – pegvisomant – 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 pegvisomant 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	This item is available to a patient who is attending:		
for pegvisomant	• 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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PBS

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0	nline PBS Authorities	Hospital details	
	You do not need to complete this form if you use the	7 Hospital name	
	Online PBS Authorities system.		
	Go to servicesaustralia.gov.au/hppbsauthorities		
		This hospital is a:	
Pa	tient's details	public hospital	
1	Medicare card number	private hospital	
		8 Hospital provider number	
	Ref no.		
	or Department of Veterans' Affairs card number		
	Department of veterans Analis card humber	Conditions and criteria	
		To qualify for PBS authority approval, the following conditions	
2	Dr 🗌 Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other	must be met.	
	Family name	9 Will the patient receive pegvisomant treatment concomitantly	y
		with a PBS-subsidised somatostatin analogue (including octreotide, lanreotide and pasireotide)?	
	First given name	No	
		Yes	
2		10 Does the patient have an age and sex adjusted insulin-like	
3	Date of birth (DD MM YYYY)	growth factor 1 (IGF-1) concentration greater than the upper	
		limit of normal (ULN)?	
Dr	acaribaria dataila	Yes Provide details	
Prescriber's details		IGF-1 level	
4	Prescriber number	ng/mL	
		Date of assessment (DD MM YYYY)	
_			
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)		

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11 The patient has:	Privacy notice
 ☐ 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 	 17 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. 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
Go to 13	You do not need to sign the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health
12 The patient failed to achieve biochemical control after completion of prior therapy with either octreotide or lanreotide	Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos
demonstrated by:	18 I declare that:
a growth hormone (GH) level > 1 mcg/L or	 I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.
 a GH level > 3 mlU/L or an IGF-1 level > the age and sex adjusted ULN 	• 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.
 3 Has the patient previously been treated with radiotherapy for this condition? No Go to 16 Yes 	 I have provided details of the proposed prescription(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.
4 Date of completion of radiotherapy (DD MM YYYY)	the information I have provided in this form is complete and correct.
	 I understand that: giving false or misleading information is a serious offence.
5 Provide biochemical evidence of remission (with result taken at the most recent 2 yearly assessment in the 10 years after	I have read, understood and agree to the above.
completion of radiotherapy) Normalised IGF-1 level	Date (DD MM YYYY) (you must date this declaration)
ng/mL	Prescriber's signature (only required if returning by post)
Date of assessment (DD MM YYYY)	
Checklist	
	Returning this form
6 The relevant attachments need to be provided with this form.	Return this form, details of the proposed prescription(s) and any relevant attachments:
Details of the proposed prescription(s).	 online (no signature required), upload through HPOS at servicesaustralia.gov.au/hpos
	 or by post (signature required) to
	Services Australia

Services Australia Complex Drugs Programs Reply Paid 9826 HOBART TAS 7001 ٦