

Hereditary transthyretin amyloidosis – patisiran – 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 patisiran for patients 18 years or over with hereditary transthyretin amyloidosis.

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 hereditary transthyretin amyloidosis **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 in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Section 100 arrangements for patisiran

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

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** The patient, 18 years or over, is being treated:
 by a consultant with experience in the management of amyloid disorders
or
 in consultation with a consultant with experience in the management of amyloid disorders
- 10** Does the patient have hereditary transthyretin amyloidosis confirmed by genetic testing?
No
Yes
- 11** The patient has:
 stage 1 polyneuropathy
or
 stage 2 polyneuropathy
- 12** The patient has a:
 Polyneuropathy Disability (PND) score description of either I, II, IIIA or IIIB
or
 Familial Amyloid Polyneuropathy (FAP) stage description of 1 or 2
- 13** Has the patient previously undergone a liver transplant?
No
Yes
- 14** Does the patient exhibit New York Heart Association (NYHA) class III or IV heart failure symptoms?
No
Yes




15 Will this drug be used as monotherapy (that is, not in combination with any other disease modifying medicines for amyloidosis disorders)?

No

Yes

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)

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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