



## Neurofibromatosis type 1 – selumetinib – 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 <b>Online PBS Authorities</b> system, go to <b>servicesaustralia.gov.au/hppbsauthorities</b>
When to use this form	Use this form to apply for <b>initial grandfather</b> PBS-subsidised selumetinib for patients with neurofibromatosis type 1 who have received non-PBS-subsidised treatment with selumetinib for the same condition prior to <b>1</b> August 2024.
Important information	<b>Initial grandfather</b> applications to start PBS-subsidised treatment can be made in real time using the <b>Online PBS Authorities</b> 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 neurofibromatosis type 1 <b>initial grandfather</b>
	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 <b>initial grandfather</b> treatment. A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.
	After an authority application for <b>initial grandfather</b> treatment has been approved, applications for <b>continuing</b> treatment can be made in real time using the <b>Online PBS Authorities</b> system or by phone. Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.
For more information	Go to servicesaustralia.gov.au/healthprofessionals



# Neurofibromatosis type 1 – selumetinib – initial grandfather authority application

medicare

PBS

#### **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.							
	<b>or</b> Department of Veterans' Affairs card number							
2	Dr Mr Mrs Miss Ms Other							
-	Family name							
	First siven name							
	First given name							
3	Date of birth (DD MM YYYY)							
Pr	escriber's details							
4	Prescriber number							
5	Dr Mrs Miss Ms Other							
5								
5	Dr         Mr         Mrs         Miss         Ms         Other							
5	Dr Mr Mrs Miss Ms Other							
5	Dr         Mr         Mrs         Miss         Ms         Other							
-	Dr Mr Mrs Miss Ms Other							
5	Dr Mr Mrs Miss Ms Other							
-	Dr Mr Mrs Miss Ms Other							
-	Dr Mr Mrs Miss Ms Other Family name First given name Business phone number (including area code)							
-	Dr Mr Mrs Miss Ms Other   Family name   First given name   Business phone number (including area code)							

#### **Conditions and criteria**

	qualify for PBS authority approval, the following conditions ust be met.
7	<ul> <li>The patient is being treated by a prescriber who is a:</li> <li>specialist physician with expertise in neurofibromatosis</li> <li>or</li> <li>medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis (if attendance is not page the due to apparently isolation)</li> </ul>
8	is not possible due to geographic isolation) Prior to <b>1 August 2024</b> , the patient had previously received non-PBS-subsidised treatment with: selumetinib for this condition and was able to swallow the
	<ul> <li>whole capsule form</li> <li>or</li> <li>another mitogen-activated protein kinase (MEK) inhibitor for this condition</li> </ul>
9	Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient was 2 to 18 years and had plexiform neurofibroma(s) (PN) that caused or was likely to cause at least one of the following:
	<ul> <li>significant symptoms or morbidity</li> <li>disability</li> <li>disfigurement</li> </ul>
	impairment of normal body function
10	Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient had PN for which complete resection could not be performed:
	or without causing unacceptable morbidity
11	Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient had a:
	Karnofsky Performance Score of at least 70% or
	Lansky Performance Score of at least 70%
12	Is the patient tolerating treatment? No Yes



MCA0PB371 2408

13 The patient has:
achieved stabilisation of disease Go to 15
or
received at least 12 months of treatment and achieved adequate response to treatment
14 The patient has achieved adequate response demonstrated by:
stability or improvement of the initial baseline measurements prior to initiating treatment
or
relevant imaging that has not shown an increase in tumour size of 20% or more

#### Checklist

15

7 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** 

#### **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** 

#### 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)

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
   or
- by post (signature required) to Services Australia Complex Drugs Programs

Reply Paid 9826

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