

medicare

Early HER2 positive breast cancer – trastuzumab emtansine – initial authority application

Online services	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 trastuzumab emtansine for patients with early human epidermal growth factor receptor 2 (HER2) positive breast cancer.
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 early HER2 positive breast cancer 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 arrangement	This item is available to a patient who is attending:
for trastuzumab emtansine	an approved private hospital
	• a public participating hospital, or
	a public hospital
	and is a:
	day admitted patient
	 non-admitted patient, or notiont on discharge
	patient on discharge. This item is not exclude a DBO have fit for ite activate of a baselite!
	This item is not available as a PBS benefit for in-patients of a hospital.
For more information	Go to servicesaustralia.gov.au/healthprofessionals



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PBS

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Conditions and criteria Online services You do not need to complete this form if you use the To gualify for PBS authority approval, the following conditions **Online PBS Authorities** system. must be met. Go to servicesaustralia.gov.au/hppbsauthorities 7 Is the treatment being prescribed within 12 weeks after surgery? **Patient's details** No Yes 1 Medicare card number 8 Does the patient have evidence of residual invasive cancer Ref no. in the breast and/or axillary lymph nodes following surgery or as demonstrated by a pathology report from an Approved Pathology Authority? Department of Veterans' Affairs card number No Date of the pathology report (DD MM YYYY) Yes 2 Dr Mr Mrs Miss Ms Other Family name Unique identifying number/code or provider number First given name 9 Has the patient completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to surgery? 3 Date of birth (DD MM YYYY) No Yes **10** Does the patient have a left ventricular ejection fraction (LVEF) **Prescriber's details** of <45% and/or with symptomatic heart failure? No 4 Prescriber number Yes 11 Will the treatment exceed 42 weeks (14 cycles) of initial and continuing treatment combined? 5 Mr Mrs Miss Ms Other Dr No Family name Yes First given name 6 Business phone number (including area code) Alternative phone number (including area code)



Checklist

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The relevant attachments need to be provided with this form.

Details of the proposed prescription(s).

Privacy notice

13 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**

14 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

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- by post (signature required) to
- Services Australia Complex Drugs Programs Reply Paid 9826 HOBART TAS 7001