

Online PBS Authorities



You do not need to complete this form if you use the **Online PBS Authorities** system.

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 ivacaftor for patients 4 months or over with cystic fibrosis.

Important information

Initial applications to start PBS-subsidised treatment can be made 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 cystic fibrosis **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.

Applications for **continuing** treatment can be made 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 ivacaftor

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.

Treatment specifics

Patient must **not** receive more than **24 weeks of treatment** under this restriction.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

- 12** Provide details of the pathology report substantiating G551D or other gating (Class III) mutation on the CFTR gene:

Specific CFTR mutation listed in the TGA approved Product Information

Name of the pathology report provider

Date of the pathology report (DD MM YYYY)

Unique identifying number/code

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- 13** Does the patient have either G551D mutation or other gating (class III) mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene?

Yes

No

- 14** Does the patient have at least one mutation in the CFTR gene that is responsive to ivacaftor potentiation based on clinical and/or in vitro assay data?

Yes

No

- 15** Provide details of the pathology report substantiating the specific mutation responsive to ivacaftor as listed in the TGA approved Product Information (PI)

Specific mutation listed in the TGA approved PI

Name of the pathology report provider

Date of the pathology report (DD MM YYYY)

Unique identifying number/code

- 16** Is this treatment the sole PBS-subsidised therapy for this condition?

Yes

No

- 17** Will the treatment be given concomitantly with standard therapy for this condition?

Yes

No

- 18** Is the patient currently receiving one of the CYP3A4 inducers listed in the restrictions?

Yes

No

- 19** Provide current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics, if applicable

Checklist

- 20**  The relevant attachments need to be provided with this form.

Details of the proposed prescription(s).

Privacy notice

- 21** 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 servicessaustralia.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

22 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