



Subfoveal choroidal neovascularisation – aflibercept – 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 Online PBS Authorities system, go to servicesaustralia.gov.au/hppbsauthorities
When to use this form	Use this form to apply for initial grandfather PBS-subsidised aflibercept 8 mg/0.07 mL injection for patients with subfoveal choroidal neovascularisation (CNV) who have received non-PBS-subsidised treatment with aflibercept 8 mg/0.07 mL injection for the same condition prior to 1 October 2024 .
Important information	Initial grandfather applications to start PBS-subsidised treatment for each eye 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 subfoveal CNV initial grandfather 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 grandfather treatment.
	A patient may qualify for PBS-subsidised treatment under this restriction once only per eye.
	After an authority application for initial grandfather treatment has been approved, applications for continuing treatment with aflibercept 8 mg/0.07 mL injection for the same eye as per the PBS restriction is Authority Required (STREAMLINED) and does not require prior authority approval from Services Australia for the listed quantity and repeats.
Treatment specifics	Authority approval for initial grandfather treatment of each eye must be sought.
	Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.
For more information	Go to servicesaustralia.gov.au/healthprofessionals



medicare



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Conditions and criteria Online PBS Authorities 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 The patient is being treated by an: ophthalmologist **Patient's details** or accredited ophthalmology registrar in consultation with an 1 Medicare card number ophthalmologist Ref no. 8 Has the patient received non-PBS-subsidised treatment or with this drug for this condition for the same eye prior to Department of Veterans' Affairs card number 1 October 2024? No Yes 2 Dr Mr Mrs Miss Ms Other 9 The patient has subfoveal CNV due to age-related macular Family name degeneration (AMD) in: _____ right eye left eve both eyes First given name **10** The patient has been diagnosed by: optical coherence tomography or 3 Date of birth (DD MM YYYY) fluorescein angiography. **11** Provide details of the optical coherence tomography or fluorescein angiogram report Prescriber's details Date of the report (DD MM YYYY) 4 Prescriber number Unique identifying number/code or provider number Mr 5 Dr Mrs Miss Ms Other **12** Is this treatment the sole PBS-subsidised therapy for this Family name condition? No First given name Yes 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

14 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**

15 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 HOBART TAS 7001