

# *medicare*

# Gastrointestinal stromal tumour – sunitinib – 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 <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</b> PBS-subsidised treatment with sunitinib for patients with gastrointestinal stromal tumour.
Important information	<b>Initial</b> applications to start PBS-subsidised treatment can be made in real time using the <b>Online PBS</b> <b>Authorities</b> system or in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.
	Applications for <b>balance of supply</b> may 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.
	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</b> treatment.
	After an authority application for <b>initial</b> treatment has been approved, applications for <b>continuing</b> treatment with sunitinib as per the PBS restriction is <b>Authority Required (STREAMLINED)</b> and does not require prior authority approval from Services Australia for the listed quantity and repeats.
For more information	Go to servicesaustralia.gov.au/healthprofessionals



## medicare

PBS

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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 Is the patient's condition unresectable? No **Patient's details** Yes 1 Medicare card number 8 Does the patient have a World Health Organization (WHO) performance status of 2 or less? Ref no. No or Yes Department of Veterans' Affairs card number 9 Has the patient failed treatment with, or is intolerant to, imatinib mesilate? No 2 Mr Mrs Miss Ms Dr Other Yes Family name 10 Is this treatment the sole PBS-subsidised systemic anti-cancer therapy for this condition? No First given name Yes 3 Date of birth (DD MM YYYY) Checklist 11 The relevant attachments need to be provided with this form. Prescriber's details Details of the proposed prescription(s). 4 Prescriber number **Privacy notice 12** Personal information is protected by law (including the 5 Miss Other Dr Mr Mrs Ms Privacy Act 1988) and is collected by Services Australia for the Family name 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 First given name 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 6 Business phone number (including area code) manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacypolicy Alternative phone number (including area code)



## 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** 

## 13 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