

Asthma – adolescent and adult continuing PBS authority application

When to use this form	Use this authority application form (this form) for a patient aged 12 years or older who is continuing Pharmaceutical Benefits Scheme (PBS) subsidised biological agents for adolescent and adult uncontrolled severe allergic asthma or uncontrolled severe eosinophilic asthma.
Important information	<p>Authority applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.</p> <p>Applications for balance of supply may be made by contacting the Australian Government Department of Human Services (Human Services) on 1800 700 270 Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.</p> <p>Note: Call charges may apply.</p> <p>Under no circumstances will phone approvals be granted for continuing authority applications for treatment that would extend the relevant treatment period.</p> <p>Where the term 'biological agent' appears, it refers to benralizumab, mepolizumab and omalizumab.</p> <p>The information in this form is correct at the time of publishing and may be subject to change.</p>
Continuing treatment	<p>This form is ONLY for continuing treatment.</p> <p>The first assessment should, where possible, be completed by the same physician who initiated treatment with biological agent.</p>
Section 100 arrangements	<p>All applications for continuing treatment with omalizumab must include a measurement of response to the prior course of therapy. This assessment will be used to determine eligibility for continuing treatment and should be submitted to Human Services within 4 weeks of the date of assessment and no later than 2 weeks prior to the date of completion of this initial course of treatment. Where a response assessment is not undertaken within this time frame, the patient will be deemed to have failed to respond to treatment with biological agent.</p> <p>These items are available to a patient who is attending:</p> <ul style="list-style-type: none">• an approved private hospital• a public participating hospital, or• a public hospital <p>and is:</p> <ul style="list-style-type: none">• a day admitted patient• a non-admitted patient, or• a patient on discharge. <p>These items are not available as a PBS benefit for in-patients of the hospital. The hospital name and provider number must be included in this form.</p>
Treatment specifics	The patient must not receive more than 24 weeks of treatment under this restriction.
For more information	Go to humanservices.gov.au/healthprofessionals



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Patient's details

- 1 Medicare card number
-- Ref no.
- or
 Department of Veterans' Affairs card number
- 2 Dr Mr Mrs Miss Ms Other
 Family name

 First given name
- 3 Date of birth
 / /
- 4 Patient's current weight
 kg

Prescriber's details

- 5 Prescriber number
- 6 Dr Mr Mrs Miss Ms Other
 Family name

 First given name
- 7 Business phone number
 ()
 Alternative phone number

 Fax number
 ()

Hospital details

- 8 Hospital name
- This hospital is a:
 public hospital
 private hospital

- 9 Hospital provider number

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.


- 10 Is the patient being treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma?
 No
 Yes
- 11 The patient, aged 12 years or older has demonstrated or sustained an adequate response to this PBS subsidised biological agent treatment as evidenced by:
 a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline
 Baseline ACQ-5 Score
 Current ACQ-5 score
 Date of current assessment / /
- or
 a reduction in the maintenance oral dose of corticosteroid by at least 25% from baseline
 Name of steroid
 Current dose mg/day
 From / / to / /
- and
 no deterioration in the ACQ-5 score from baseline or an increase of up to 0.5
 Baseline ACQ-5 Score
 Current ACQ-5 score
 Date of current assessment / /
- or
 a reduction in the time-adjusted exacerbation rate compared to 12 months prior to omalizumab treatment (option only available to adolescent patients transitioning from paediatric severe allergic asthma).

12 Is the patient receiving biological agent treatment in combination with and within 4 weeks of another PBS subsidised biological agent for severe asthma?

No

Yes

Checklist

13  The relevant attachments need to be provided with this form.

The completed authority prescription form(s).

Privacy notice

14 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.

Personal information may be used by the department, 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 the department manages personal information, including our privacy policy, can be found at humanservices.gov.au/privacy

Prescriber's declaration

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 the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.
- I have provided the completed authority prescription form(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.

Prescriber's signature



Date

/ /

Returning your form

You can return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at humanservices.gov.au/hpos
- **by post**, send this form, the authority prescription form(s) and any relevant attachments to:

**Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001**