

Idiopathic Pulmonary Fibrosis Initial authority application

Purpose of this form

You must lodge this authority application form for a patient who is starting Pharmaceutical Benefits Scheme (PBS) subsidised treatment with nintedanib or pirfenidone for idiopathic pulmonary fibrosis (IPF).

Important information

All initial authority applications must be 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 **initial** authority applications.

The condition must be diagnosed through a multidisciplinary team comprising of at least a specialist respiratory physician, a radiologist and, where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

The patient must be treated by, or in consultation with, a respiratory physician or specialist physician.

The patient's acknowledgement and the prescriber's declaration must be completed and signed before this authority application form is submitted.

The information in this authority application form is correct at the time of publishing and is subject to change.

Authority prescription form

A completed authority prescription form **must** be attached to this authority application form.

Continuing treatment

An application for **continuing** treatment can be made by phone. Call **1800 700 270** Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

Returning this form

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 servicesaustralia.gov.au/hpos

or

- by post, send this form, the authority prescription form(s) and any relevant attachments to:

Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

For more information

Go to servicesaustralia.gov.au/healthprofessionals or call **1800 700 270** Monday to Friday, between 8.00 am and 5.00 pm, Australian Eastern Standard Time.

Call charges may apply.

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

/ /

Patient's acknowledgement

- 4 I acknowledge that the prescriber has explained the circumstances governing PBS subsidised treatment with nintedanib or pirfenidone for idiopathic pulmonary fibrosis.

Patient's signature

Date

/ /

For patients under 18 years of age

Family name of parent/authorised guardian

First given name of parent/authorised guardian

Signature of parent/authorised guardian

Date

/ /

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

Conditions, criteria and prior treatment

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

8 The patient:

has been diagnosed through a multidisciplinary team

and

has a chest high resolution computed tomography (HRCT) consistent with diagnosis of IPF, performed within the previous 12 months

and

has a forced vital capacity (FVC) of:

Note: The patient must not have an acute respiratory infection at the time of FVC testing. FVC must be $\geq 50\%$ predicted for age, gender and height.

and

has a forced expiratory volume in 1 second to forced vital capacity (FEV₁ / FVC) ratio of:

Note: FEV₁ / FVC ratio must be > 0.7

and

has diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin of:

Note: DLCO corrected for haemoglobin must be $\geq 30\%$.

and

does not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity

and

will receive this treatment as the sole PBS subsidised treatment for IPF.

Attachments

9



Attach the completed authority prescription form.

Privacy notice

10 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/privacy

Prescriber's declaration

11 I have explained to the patient or the parent/authorised guardian (if patient is under 18 years of age):

- the circumstances governing Pharmaceutical Benefits Scheme subsidised treatment with nintedanib or pirfenidone for idiopathic pulmonary fibrosis.

I believe these to be understood and accepted by the patient or the parent/authorised guardian.

I declare that:

- the patient specified in this application is eligible for Pharmaceutical Benefits Scheme subsidised treatment with nintedanib or pirfenidone for idiopathic pulmonary fibrosis.
- I have attached the completed authority prescription form.
- 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