Australian Government
Services Australia

medicare

PBS

Non-small cell lung cancer – crizotinib or entrectinib – initial authority application

Online services

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** PBS-subsidised crizotinib or entrectinib for patients with Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC).

Important information

Initial applications to start PBS-subsidised treatment 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 NSCLC **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.

After a written authority application for initial treatment has been approved, applications for **continuing** treatment can be made in real time using the **Online PBS Authorities** system or by phone.
Call 1800 700 270 Monday to Friday, 8 am to 5 pm, local time.

Call charges may apply.

Treatment specifics

Patients with Stage IIIB or Stage IV non-small cell lung cancer must have evidence:

- of an anaplastic lymphoma kinase (ALK) gene arrangement in tumour material to apply for crizotinib, or
- of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material to apply for crizotinib or entrectinib, and
- kept in the patient's medical records.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

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Online services

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

Go to **servicesaustralia.gov.au/hppbsauthorities**

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 (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Conditions and criteria

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

7 Does the patient have non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC?

No ☐
Yes ☐

8 Is the patient's World Health Organization (WHO) performance status 2 or less?

No ☐
Yes ☐

9 This application is for:

☐ crizotinib where treatment is the sole PBS-subsidised systemic anti-cancer therapy for this condition

and

☐ the patient has evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material of at least 15% positive cells by fluorescence in-situ hybridisation (FISH) testing.

▶ *Go to 11*

or

☐ the patient has evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material of at least 15% positive cells by FISH testing.

or

☐ entrectinib where treatment is the sole PBS-subsidised systemic anti-cancer therapy for this condition

and

☐ the patient has evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material of at least 15% positive cells by FISH testing.

10 The patient has:

☐ not received prior treatment with a ROS1 receptor tyrosine kinase inhibitor for this condition

or

☐ developed intolerance to a ROS1 receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

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Checklist

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

☐ The completed authority prescription form(s).

Privacy notice

12 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/privacy**

Prescriber's declaration

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 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

On completion, print and sign by hand.

Date (DD MM YYYY)

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

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