

## 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](https://servicesaustralia.gov.au/hppbsauthorities)

## When to use this form

Use this form to apply for **initial** PBS-subsidised ruxolitinib for patients with:

- high risk or intermediate–2 risk myelofibrosis, **or**
- intermediate–1 risk myelofibrosis with severe disease-related symptoms that are resistant, refractory or intolerant to available therapy.

## 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 ruxolitinib **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 the 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

The classification of risk of myelofibrosis must be confirmed in this application, according to **ONE** of the following:

- the Myelofibrosis International Prognostic Scoring System (IPSS), **or**
- the Dynamic International Prognostic Scoring System (DIPSS), **or**
- the Age-adjusted DIPSS.

## For more information

Go to [servicesaustralia.gov.au/healthprofessionals](https://servicesaustralia.gov.au/healthprofessionals)

## Online services



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

Go to [servicesaustralia.gov.au/hppbsauthorities](https://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 The patient's condition, confirmed through a bone marrow biopsy report is:

- primary myelofibrosis
- post-polycythemia vera myelofibrosis
- post-essential thrombocythemia myelofibrosis.

8 Provide the following bone marrow biopsy report details.

Date of the report (DD MM YYYY)

Unique identifying number/code or provider number

9 The condition is classified according to IPSS, DIPSS or Age-adjusted DIPSS as:

- high risk or intermediate–2 risk myelofibrosis

or

- intermediate–1 risk myelofibrosis


and

- the patient has severe disease-related symptoms that are resistant, refractory or intolerant to available therapy.



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## Checklist

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

The completed authority prescription form(s).

## Privacy notice

11 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](https://servicesaustralia.gov.au/privacy)

## Prescriber's declaration

### 12 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



Date (DD MM YYYY)

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## 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](https://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