

Retinal vein occlusion – 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 aflibercept, dexamethasone intravitreal implant or ranibizumab for patients with branched retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) with macular oedema.

Important information

Initial applications to start PBS-subsidised treatment for each eye 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.

Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority approval for initial treatment of each eye must be sought.

Under no circumstances will phone approvals be granted for **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 an authority application for **initial** treatment has been approved, applications for **continuing** treatment with the same drug for the same eye as per the PBS restriction is Authority Required (Streamlined) 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

14 Does the patient have a best-corrected visual acuity (BCVA) score based on the early treatment diabetic retinopathy study (ETDRS) chart of between 73 and 24 letters administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320) in the eye(s) proposed for treatment?

No

Yes

15 The patient has been diagnosed by either:

optical coherence tomography

or

fluorescein angiography.

16 Provide details of the optical coherence tomography or fluorescein angiogram report

Date of the report (DD MM YYYY)

--	--	--	--	--	--	--	--

Unique identifying number/code or provider number

Checklist

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

The completed authority prescription form(s).

Privacy notice

18 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

19 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)

--	--	--	--	--	--	--	--

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