

# Progressive fibrosing interstitial lung disease – nintedanib – 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](https://servicesaustralia.gov.au/hppbsauthorities)

## When to use this form

Use this form to apply for **initial** PBS-subsidised nintedanib for patients with progressive fibrosing interstitial lung disease (PF-ILD).

Interstitial lung disease includes, but is not limited to:

- connective tissue associated interstitial lung disease
- chronic fibrosing hypersensitivity pneumonitis
- idiopathic non-specific interstitial pneumonia
- pulmonary sarcoidosis.

## 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 **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 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.

## For more information

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



- 9** The patient's condition is:
- not interstitial lung disease due to idiopathic pulmonary fibrosis (IPF)

and

- not due to reversible causes (for example, drug toxicity).

- 10** Is the patient undergoing sequential or simultaneous PBS-subsidised treatment for this condition and IPF?

No


Yes

- 11** Has the patient or their guardian been informed of the criteria for initiating and continuing therapy as per the PBS treatment criteria?

No

Yes

## Checklist

- 12**  The relevant attachments need to be provided with this form.

- The completed authority prescription form(s).

## Privacy notice

- 13** 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](https://servicessaustralia.gov.au/privacy)

## Prescriber's declaration

### 14 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 [servicessaustralia.gov.au/hpos](https://servicessaustralia.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