

Chronic rhinosinusitis with nasal polyps – mepolizumab – initial grandfather authority application

When to use this form

Use this form to apply for **initial grandfather** PBS-subsidised mepolizumab for patients aged 18 years or older with chronic rhinosinusitis with nasal polyps (CRSwNP) who have received non-PBS-subsidised treatment with mepolizumab for the same condition prior to 1 April 2023.

Important information

Initial grandfather applications to start PBS-subsidised treatment 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 CRSwNP **initial grandfather** 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 grandfather** treatment.

After an authority application for **initial grandfather** 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.

Section 100 arrangements

This item is available to a patient who is attending:

- an approved private hospital
- a public participating hospital, **or**
- a public hospital

and is:

- a day admitted patient
- a non-admitted patient, **or**
- a patient on discharge.

This item is not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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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)

Hospital details

7 Hospital name

This hospital is a:

public hospital

private hospital

8 Hospital provider number

Conditions and criteria

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

9 Is the patient aged 18 years or older?

No

Yes

10 Has the patient previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 April 2023?

No

Yes

11 The patient is being treated by a:

respiratory physician

clinical immunologist

allergist

ear nose and throat specialist

general physician experienced in the management of chronic rhinosinusitis with nasal polyps (CRSwNP)

12 Prior to commencing treatment with this drug, the patient had a diagnosis of CRSwNP confirmed by:

nasal endoscopy

or

computed tomography (CT) scan

or

at least 2 physicians of the above mentioned prescriber types

13 Prior to commencing treatment with this drug, the patient had:

undergone surgery for the removal of nasal polyps

Date of surgery (DD MM YYYY)

or

written advice from at least 2 physicians of the above mentioned prescriber types demonstrating inappropriateness for surgery

Provide details of surgical exception including serious comorbid disease (for example, cardiovascular, stroke) making the risk of surgery unacceptable



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14 The patient had, despite optimised nasal polyp therapy, **at least 2** of the following (measured within 12 months prior to non-PBS-subsidised treatment):

bilateral endoscopic nasal polyp score of at least 5 (out of a maximum score of 8, with a minimum score of 2 in each nasal cavity)

Date (DD MM YYYY) Score

and/or

nasal obstruction visual analogue scale (VAS) score greater than 5 (out of a maximum score of 10)

Date (DD MM YYYY) Score

and/or

overall symptom VAS score greater than 7 (out of a maximum score of 10)

Date (DD MM YYYY) Score

15 Was/is this treatment used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for either nasal polyps, uncontrolled severe allergic asthma or uncontrolled severe asthma?

No
Yes

16 Prior to commencing treatment with this drug, did the patient fail to achieve adequate control with optimised nasal polyp therapy, including adherence to intranasal corticosteroid therapy for at least 2 months, and if required, nasal irrigation with saline?

No

Not applicable Due to contraindication/intolerance to intranasal corticosteroid therapy

Yes Provide the following details

Intranasal corticosteroid

Prior therapy

Date of commencement (DD MM YYYY)

Duration of therapy

If applicable, nasal irrigation with saline

Prior therapy

Date of commencement (DD MM YYYY)

Duration of therapy

17 Did the patient have a blood eosinophil count greater than or equal to 300 cells per microlitre in the 12 months preceding non-PBS treatment?

No

Yes Provide details

Blood eosinophil count

cells per microlitre

Date (DD MM YYYY)

Checklist

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

The completed authority prescription form(s).

Privacy notice

19 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

20 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
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