

Chronic thromboembolic pulmonary hypertension – riociguat – continuing authority application

When to use this form

Use this form to apply for **continuing** PBS-subsidised riociguat for patients aged 18 years or older with chronic thromboembolic pulmonary hypertension (CTEPH).

Important information

Continuing authority applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Applications for **balance of supply** may 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.

Under no circumstances will phone approvals be granted for chronic thromboembolic pulmonary hypertension **continuing** 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 **continuing** treatment.

The patient remains eligible to receive **continuing** treatment providing they continue to sustain a response to treatment.

Section 100 arrangements for riociguat

This item is only available to a patient who is attending:

- an approved private 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.

Treatment specifics

This authority application form must be completed by the treating physician from a centre with expertise in the management of CTEPH.

The maximum quantity per prescription must be based on the dosage recommendations in the TGA-approved Product Information and be limited to provide sufficient supply for 1 month of treatment. A maximum of 5 repeats will be authorised.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

medicare



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Patient's details

1 Medicare card number

_ _ _ _	_ _ _ _	_	Ref no. _ _
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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)

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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)

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Alternative phone number (including area code)

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Hospital details

7 Hospital name

This hospital is a:

public hospital

private hospital

8 Hospital provider number

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Conditions and criteria

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

9 Is the patient, aged 18 years or older, being treated in a centre with expertise in the management of CTEPH?

No

Yes

10 The patient:

has previously received PBS-subsidised treatment with riociguat for this condition

and

is using riociguat as the sole PBS-subsidised therapy for this condition

and

has demonstrated stability or improvement of disease with current treatment.



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11 Provide test results for all 3 tests. These must be **within 2 months** of the date of this application.

Right heart catheterisation (RHC)
Date of test (DD MM YYYY)

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The composite of the RHC demonstrates stability or improvement of disease relative to the baseline result
No
Yes

If test is unable to be performed, supply patient specific clinical reason for exemption

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Echocardiogram (ECHO)
Date of test (DD MM YYYY)

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The composite of the ECHO demonstrates stability or improvement of disease relative to the baseline result
No
Yes

If test is unable to be performed, supply patient specific clinical reason for exemption

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6 Minute Walk Test (6MWT)
Date of test (DD MM YYYY)

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Distance walked


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If test is unable to be performed, supply patient specific clinical reason for exemption

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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 servicesaustralia.gov.au/privacypolicy

Prescriber's declaration

14 I declare that:

- I am aware 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 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