Australian Government
Services Australia

medicare

PBS

Severe asthma – adolescent and adult – continuing authority application

When to use this form

Use this form to apply for **continuing** PBS-subsidised biological agents for patients 12 years or older with uncontrolled severe asthma.

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** 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.

Where the term 'biological agent' appears, it refers to benralizumab, dupilumab, mepolizumab and omalizumab.

Under no circumstances will phone approvals be granted for uncontrolled severe asthma **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 benralizumab, dupilumab, mepolizumab and omalizumab

These items are 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.

These items are 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

The assessment of the patient's response to the course of treatment must be conducted within the time frame specified in the restriction. Where a demonstration of response is not conducted within the required time frame, the patient will be deemed to have failed treatment with that particular PBS-subsidised biological agent.

A patient who has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal is not considered to have failed treatment with that particular PBS-subsidised biological agent.

The patient must not receive **more than 24 weeks** of treatment under this restriction.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

Australian Government
Services Australia

medicare

PBS

Severe asthma – adolescent and adult – continuing authority application

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 The patient, aged 12 years or older, is being treated by:

☐ a respiratory physician

☐ a clinical immunologist

☐ an allergist

☐ a general physician experienced in the management of patients with severe asthma.

10 Has the patient received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition?

No ☐

Yes ☐ for benralizumab, mepolizumab, and omalizumab applications

Yes ☐ for dupilumab applications where the patient has received their most recent PBS-subsidised treatment with this same strength

Yes ☐ for dupilumab 200 mg applications where the patient has received their most recent PBS-subsidised treatment with dupilumab 300 mg.

MCA0PB076 2309

11 The patient has demonstrated a response to the most recent PBS-subsidised biological agent treatment for severe asthma, as evidenced by:

☐ a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline

Current ACQ-5 score

Date of current score (DD MM YYYY)

or

☐ a reduction in the maintenance dose of oral corticosteroid (OCS) by at least 25% from baseline

Name of steroid

Current dose mg/day

From (DD MM YYYY)

To (DD MM YYYY)

and

☐ no deterioration in the ACQ-5 score from baseline

Current ACQ-5 score

Date of current score (DD MM YYYY)

or

☐ an increase of up to 0.5 in the ACQ-5 score from baseline

Current ACQ-5 score

Date of current score (DD MM YYYY)

or

☐ a reduction in the time-adjusted exacerbation rate compared to 12 months prior to omalizumab treatment (only applicable for adolescent patients transitioning to adult/adolescent omalizumab treatment from paediatric severe allergic asthma).

12 Will this treatment be used in combination with and **within 4 weeks** of another PBS-subsidised biological medicine for severe asthma?

No ☐

Yes ☐

Checklist

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

☐ The completed authority prescription form(s).

Privacy notice

14 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

15 **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

On completion, print and sign by hand.

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

Reset form Print form