

# Subfoveal choroidal neovascularisation – initial authority application

## Online PBS Authorities



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 aflibercept, brolucizumab, faricimab or ranibizumab for patients with subfoveal choroidal neovascularisation.

## 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 subfoveal choroidal neovascularisation **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 aflibercept, faricimab or ranibizumab 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.

After an authority application for **initial** treatment has been approved, applications for **continuing** treatment with brolucizumab for the same eye 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.

## For more information

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

# Subfoveal choroidal neovascularisation – initial authority application

## Online PBS Authorities



You do not need to complete this form if you use the  
**Online PBS Authorities** system.

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

## Patient's details

### 1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

### 2 Family name

First given name

### 3 Date of birth (DD MM YYYY)

## Appointment details

### 4 Scheduled appointment

Date (DD MM YYYY)

Time

Select 'am' or 'pm'

## Prescriber's details

### 5 Prescriber number

### 6 Family name

First given name

### 7 Business phone number (including area code)

Alternative phone number (including area code)

## Conditions and criteria

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

### 8 The patient is being treated by either an:

☐ ophthalmologist

or

☐ accredited ophthalmology registrar in consultation with an  
ophthalmologist

### 9 The patient has subfoveal choroidal neovascularisation (CNV) in:

☐ right eye ☐ left eye ☐ both eyes

### 10 The patient has subfoveal CNV due to:

☐ age-related macular degeneration

or

☐ pathologic myopia (aflibercept and ranibizumab only)

or

☐ causes other than age-related macular degeneration or  
pathologic myopia (ranibizumab only).

### 11 Is this treatment the sole PBS-subsidised therapy for this condition?

No ☐

Yes ☐

For brolocizumab

► **Go to 14**

For aflibercept, faricimab and ranibizumab

► **Go to 12**

### 12 The patient has been diagnosed by either:

☐ optical coherence tomography

or

☐ fluorescein angiography.

### 13 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

► **Go to 17**



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