

Narcolepsy without cataplexy – armodafinil or modafinil – initial authority application

Online PBS Authorities



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

For more information and how to access the **Online PBS Authorities** system, go to servicesaustralia.gov.au/hppbsauthorities

When to use this form

Use this form to apply for **initial** PBS-subsidised armodafinil or modafinil for patients with narcolepsy without cataplexy.

Important information

Initial applications to start PBS-subsidised treatment can be made 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 narcolepsy without cataplexy **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** or **changing** 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.

Treatment specifics

Armodafinil and modafinil are not PBS-subsidised when used in combination with each other or with PBS-subsidised dexamfetamine sulfate.

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 Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Family name

First given name

6 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.

7 This application is for:

☐ armodafinil

or

☐ modafinil

8 Is the patient being treated by a qualified sleep medicine practitioner or neurologist?

No ☐

Yes ☐

9 Has the patient had excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months?

No ☐

Yes ☐

10 Does the patient have any medical or psychiatric disorder that could otherwise account for the hypersomnia?

No ☐

Yes ☐



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- ☐ a psychiatric disorder
- ☐ a cardiovascular disorder
- ☐ a history of substance abuse
- ☐ glaucoma
- ☐ any other absolute contraindication as specified in the Therapeutic Goods Administration (TGA) approved Product Information

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☐ The polysomnography, MSLT or EEG test report.

