

Retinal vein occlusion – 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

When to use this form

Use this form to apply for **initial** PBS-subsidised aflibercept, dexamethasone intravitreal implant, faricimab or ranibizumab for patients with branched retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) with macular oedema.

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 retinal vein occlusion **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 the same drug 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.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

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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

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 visual impairment due to retinal vein occlusion in:

☐ right eye

☐ left eye

☐ both eyes

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

No ☐

Yes ☐

For aflibercept, faricimab and ranibizumab

► **Go to 12**

For dexamethasone

► **Go to 11**

11 The patient:

☐ has a contraindication to vascular endothelial growth
factor (VEGF) inhibitors

or

☐ has failed prior treatment with VEGF inhibitors.

12 The patient has visual impairment due to macular oedema secondary to:

☐ branched retinal vein occlusion (BRVO)

► **Go to 13**

or

☐ central retinal vein occlusion (CRVO)

► **Go to 14**

13 Does the patient have a best-corrected visual acuity (BCVA) score based on the early treatment diabetic retinopathy study (ETDRS) chart of between 73 and 20 letters administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400) in the eye(s) proposed for treatment?

No ☐

Yes ☐ ► **Go to 15**



MCA0PB154 2506

No ☐

Yes ☐

15 The patient has been diagnosed by either:

☐ optical coherence tomography

or

☐ fluorescein angiography.

16 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

Checklist

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

☐ Details of the proposed prescription(s).

Privacy notice

18 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

You do not need to **sign** the declaration if you complete this form using Adobe Acrobat Reader and return this form through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

19 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 details of the proposed prescription(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.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

Prescriber's signature (**only** required if returning by post)

Returning this form

Return this form, details of the proposed prescription(s) and any relevant attachments:

- **online** (no signature required), upload through HPOS at **servicesaustralia.gov.au/hpos**
or
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001