Australian Government
Services Australia

medicare

PBS

Short bowel syndrome with intestinal failure – teduglutide – 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 teduglutide for patients with type III short bowel syndrome with intestinal failure.

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.

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.

Under no circumstances will phone approvals be granted for type III short bowel syndrome with intestinal failure **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.

Continuing authority applications 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.

Section 100 arrangements for teduglutide

This item is available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, **or**
- 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

Patient must not receive **more than 12 months** treatment under this restriction.

A patient may qualify for PBS-subsidised treatment under this restriction once in a lifetime.

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)

Hospital details

7 Hospital name

This hospital is a:

- ☐ public hospital
- ☐ private hospital

8 Hospital provider number

Conditions, criteria and prior treatment

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

9 The patient is being treated by a:

- ☐ gastroenterologist
- ☐ specialist within a multidisciplinary intestinal rehabilitation unit

10 Does the patient have short bowel syndrome with intestinal failure following major surgery?

- Yes ☐
- No ☐

11 Does the patient have a history of dependence on parenteral support for at least 12 months?

- Yes ☐
- No ☐

12 Has the patient received a stable parenteral support regimen for at least 3 days per week in the previous 4 weeks?

- Yes ☐
- No ☐

13 Provide the baseline mean number of days per week on parenteral support over any given 4 week period preceding this application

days/week

14 The patient is:

- ☐ at least 18 years old ▶ *Go to 16*
- ☐ under 18 years with no available baseline mean volume of parenteral support ▶ *Go to 16*
- ☐ under 18 years with available baseline mean volume of parenteral support ▶ *Go to 15*

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15 Baseline mean volume of parenteral support per week over any given 4 week period preceding this application

mL/kg/week

16 Does the patient have active gastrointestinal malignancy or history of gastrointestinal malignancy within the last 5 years?

Yes ☐

No ☐

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)

If returning by post, print and sign by hand.

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

Reset form