

General (S85) Schedule – opioid treatment authority application

When to use this form

Use this authority application form (this form) to apply for PBS-subsidised opioid treatment where the authority application is for **up to 3 months'** supply. This form is not to be used for opioids that are listed on the Palliative Care Schedule.

Important information

This form is **ONLY** for items listed on the **General Schedule**. Please use **Palliative Care Schedule – opioid treatment authority application (PB306)** form for items listed on the Palliative Care Schedule.

Applications must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

Phone applications for increased maximum quantities/repeats for **up to 1 month** may be made by calling **1800 888 333** 24 hours, 7 days.

Applications for increased quantities and/or repeats to allow **up to 3 months** treatment can be made in real time using the Online PBS Authorities system.

The information in this form is correct at the time of publishing and may be subject to change.

Written authority applications for increased maximum quantities/repeats can be uploaded online through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos or returned by post, see **Returning this form** on page 3.

Treatment specifics

Where treatment exceeds or is planned to **exceed 12 months, most restrictions require an annual pain management review by another medical practitioner or palliative care nurse practitioner (for palliative care patients only)**. For patients with proven malignant neoplasia (for certain medicines) or if the patient is a palliative care patient who is unable to have a review due to their condition, the requirement for a review is exempt. The details of this review must be retained on the patient's record by the prescribing doctor.

Caution: The risk of drug dependence is high. Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

For more information

Go to servicesaustralia.gov.au/hppbsauthorities

11 The patient:

Select ONLY the options relevant to the patient AND the relevant restriction – refer to PBS Schedule.

- ☐ has had, or would have, inadequate pain management with maximum tolerated doses of:
- ☐ non-opioid analgesics only
 - ☐ non-opioid or other opioid analgesics
 - ☐ non-opioid and other opioid analgesics

or

- ☐ has developed contraindications or intolerances to:
- ☐ non-opioid analgesics only
 - ☐ non-opioid or other opioid analgesics
 - ☐ non-opioid and other opioid analgesics

and/or

- ☐ has cancer pain (refer to PBS Schedule)

and/or

- ☐ is receiving this treatment for post-operative pain following a major operative procedure (refer to PBS Schedule)

or

- ☐ is receiving this treatment as part of pre-operative care (refer to PBS Schedule)

or

- ☐ is receiving this treatment as an analgesic adjunct in general anaesthesia (refer to PBS Schedule).

12 The patient:

Select ONLY the options relevant to the patient AND the relevant restriction – refer to PBS Schedule.

- ☐ is exempted from review requirements due to:
- ☐ the total duration of combined non-PBS and PBS subsidised opioid treatment being less than 12 months

or

- ☐ proven malignant neoplasia

or

- ☐ being a palliative care patient who is unable to have a review of pain management because of their condition

or

- ☐ has exceeded 12 months combined non-PBS subsidised and PBS subsidised opioid treatment and has had their need for continuing opioid treatment reviewed by another medical practitioner or palliative care nurse practitioner (for palliative care patients only) in the past 12 months

or

- ☐ has exceeded 12 months combined non-PBS subsidised and PBS subsidised opioid treatment **prior to 1 June 2020** has not had their need for continuing opioid treatment reviewed by another medical practitioner or palliative care nurse practitioner (for palliative care patients only) in the last 12 months, but a review is planned in the next 3 months.

Checklist

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The relevant attachments need to be provided with this form.

- ☐ Details of the proposed prescription(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

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

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 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)

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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
PBS Authorities
GPO Box 9857
In your capital city