

Pulmonary arterial hypertension – initial dual or triple therapy 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 dual therapy or triple therapy treatment with pulmonary arterial hypertension (PAH) agents in an untreated patient.

PAH agents refer to:

- endothelin receptor antagonist (ERA): ambrisentan, bosentan, macitentan
- phosphodiesterase-5 inhibitor (PDE-5i): sildenafil, tadalafil
- prostanoid: epoprostenol, iloprost.

Important information

Initial applications to start PBS-subsidised treatment 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.

Under no circumstances will phone approvals be granted for pulmonary arterial hypertension **initial** authority applications.

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

PBS-subsidised first line therapy	Allowable drug combinations	World Health Organisation (WHO) Functional Class
Dual therapy	One ERA and one PDE-5i One ERA and one prostanoid One PDE-5i and one prostanoid	WHO Functional Class III or IV
Triple therapy	One ERA, one PDE-5i and one prostanoid	WHO Functional Class IV only

Change and continuing treatment

This form is **ONLY** for **initial** dual therapy or triple therapy treatment.

After an authority application for **initial** treatment has been approved, applications to **change** or **continue** treatment with PAH agents 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.

Dual therapy or triple therapy treatment with selexipag

Triple therapy or dual therapy treatment with a combination of selexipag, an approved ERA and/or an approved PDE-5i may be approved if standard monotherapy or dual therapy treatment options are not suitable, or have failed.

Applications for triple therapy or dual therapy in combination with selexipag 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

14 The patient has a diagnosis of PAH in line with the following definition:

- ☐ a mean pulmonary artery pressure (mPAP) at least 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) no greater than 15 mmHg

or

- ☐ right ventricular systolic pressure assessed by ECHO > 40 mmHg, with normal left ventricular function where RHC can't be performed on clinical grounds.

15 Does the patient have pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted?

No ☐

Yes ☐

16 The patient has the following test result(s) in descending order of preference as per restriction requirements:

- ☐ right heart catheter (RHC) plus echocardiography (ECHO) plus 6 Minute Walk Test (6MWT)

or

- ☐ RHC plus ECHO (where 6MWT cannot be performed)

or

- ☐ RHC plus 6MWT (where ECHO cannot be performed)

or

- ☐ RHC (where ECHO and 6MWT cannot be performed)

or

- ☐ ECHO plus 6MWT (where RHC cannot be performed)

or

- ☐ ECHO (where 6MWT and RHC cannot be performed).

17 The applicable patient test results are:

- ☐ RHC composite assessment

Date (DD MM YYYY)

and

- ☐ ECHO composite assessment

Date (DD MM YYYY)

and

- ☐ 6MWT result of

 m

Date (DD MM YYYY)

18 Are the above test results within the 6 months leading up to this application?

No ☐

Yes ☐

Checklist

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

- ☐ Details of the proposed prescription(s).

Privacy notice

20 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

21 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