

# Palliative Care Schedule – opioid treatment authority application

## When to use this form

Use this authority application form (this form) to apply for PBS-subsidised opioid treatment for items listed on the Palliative Care Schedule, where the authority application is for **up to 3 months'** supply.

## Important information

This form is **ONLY** 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.

**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 This application is for:

- ☐ initial treatment (no repeats can be authorised)  
☐ continuing treatment

12 Has the patient been assessed as receiving adequate management of their persistent pain with opioids?

- No ☐  
Yes ☐

13 The patient:

- ☐ has previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain


or

- ☐ has previously experienced adverse effects following the use of short acting opioids for breakthrough pain

or

- ☐ requires this treatment due to short acting opioids being considered clinically inappropriate.

## Checklist

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

- ☐ Details of the proposed prescription(s).

## Privacy notice

15 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](https://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](https://servicesaustralia.gov.au/hpos)

16 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](https://servicesaustralia.gov.au/hpos)  
**or**
- by post (signature required) to  
Services Australia  
PBS Authorities  
GPO Box 9857  
In your capital city