

Hereditary angioedema type 1 or 2 – lanadelumab – 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 lanadelumab for patients 12 years or over with hereditary angioedema type 1 or 2.

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 hereditary angioedema type 1 or 2 **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 application for **initial** treatment has been approved, applications for **continuing** treatment 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

Hereditary angioedema type 1 or 2 – lanadelumab – initial authority application

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)

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)

Conditions and criteria

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

7 The patient, 12 years or over, is being treated by a:

☐ clinical immunologist

or

☐ specialist allergist

8 Does the patient have type 1 or 2 hereditary angioedema?

No ☐

Yes ☐

9 Will this treatment be in combination with a C1-esterase inhibitor (C1-INH) concentrate?

No ☐

Yes ☐

For the patient commencing:

- with no previous treatment with C1-INH for routine prophylaxis **Go to 10**
- from National Blood Authority-funded C1-INH **Go to 12**

10 Has the patient been receiving a C1-INH through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of this application?

No ☐

Yes ☐

11 Within the 6 month period prior to commencing PBS-subsidised treatment with this drug for this condition, has the patient experienced at least 12 treated acute attacks of hereditary angioedema?

No ☐

Yes ☐ Provide the baseline number of treated acute attacks in the last 6 months

 Go to 13

12 Immediately prior to receiving PBS-subsidised treatment with this drug for this condition, has the patient been receiving a C1-INH through the National Blood Authority as routine prophylaxis for hereditary angioedema?

No ☐

Yes ☐



MCA0PB325 2506

Checklist

- 13  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)

--	--	--	--	--	--	--	--	--	--

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