

# Severe growth failure with primary insulin-like growth factor-1 deficiency – mecasermin – continuing 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](https://servicesaustralia.gov.au/hppbsauthorities)

## When to use this form

Use this form to apply for **continuing** PBS-subsidised mecasermin for patients aged from 2 to 17 years old (inclusive) with severe growth failure with primary insulin-like growth factor-1 deficiency (IGFD).

## Important information

**Continuing** authority applications 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 severe growth failure with IGFD **continuing** 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 **continuing** treatment.

## Treatment specifics

Current height, growth velocity and weight measurements must not be more than **3 months** old at the time of application.

Laron syndrome growth charts are those appearing in the following publication:

Laron Z, Lilos P, Klinger B. Growth Curves for Laron syndrome. *Arch Dis Child*. 1993; 68(6): 768-770.

This literature article can be accessed through the following website

[ncbi.nlm.nih.gov/pmc/articles/PMC1029371](https://ncbi.nlm.nih.gov/pmc/articles/PMC1029371)

## For more information

Go to [servicesaustralia.gov.au/healthprofessionals](https://servicesaustralia.gov.au/healthprofessionals)

# Severe growth failure with primary insulin-like growth factor-1 deficiency – mecasermin – continuing authority application

## Online PBS Authorities



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Go to [servicesaustralia.gov.au/hppbsauthorities](https://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)

4 Patient's weight

 kg

## Prescriber's details

5 Prescriber number

6 Family name

First given name

7 Business phone number (including area code)

Alternative phone number (including area code)

## Dosage details

8 Number of vials requested for 30 days of treatment  
(=  $7.2 \times \text{weight (kg)} \div 40$ )

9 Dose

 mg/kg twice daily

## Conditions and criteria

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

10 The patient is being treated by, and this authority application is completed by:

☐ a paediatric endocrinologist

or

☐ a paediatrician in consultation with a paediatric endocrinologist

11 The patient aged between 2 and 17 years old (inclusive) is:

☐ a female with a bone age less than 13.5 years

or

☐ a male with a bone age less than 15.5 years

12 Patient's current height

 cm

13 Is the patient known to have epiphyseal closure/growth plate fusion?

No ☐

Yes ☐

14 Is the patient responding to PBS-subsidised treatment by showing catch-up for height standard deviation score against Laron syndrome growth charts and currently has a growth velocity greater than 2cm per year?

No ☐ **not eligible**

Not responding ☐ due to sub-optimal dosing

Yes ☐ **Go to 16**

15 If the patient's inadequate response to treatment is only due to sub-optimal dosing, provide the most recently prescribed dose

 mg/kg twice daily

► **Go to 17**



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- 16 Provide the patient's current growth velocity to show response to the treatment

cm/year

## 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](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)

### 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)

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Prescriber's signature (**only** required if returning by post)

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## 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  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001