

# Neurofibromatosis type 1 – selumetinib – initial grandfather 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 **initial grandfather** PBS-subsidised selumetinib for patients with neurofibromatosis type 1 who have received non-PBS-subsidised treatment with selumetinib for the same condition prior to **1 August 2024**.

## Important information

**Initial grandfather** 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 neurofibromatosis type 1 **initial grandfather** 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 grandfather** treatment.

A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

After an authority application for **initial grandfather** 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](https://servicesaustralia.gov.au/healthprofessionals)

# Neurofibromatosis type 1 – selumetinib – initial grandfather 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](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)

## 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 is being treated by a prescriber who is a:
- ☐ specialist physician with expertise in neurofibromatosis  
or  
☐ medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis (if attendance is not possible due to geographic isolation)
- 8** Prior to **1 August 2024**, the patient had previously received non-PBS-subsidised treatment with:
- ☐ selumetinib for this condition and was able to swallow the whole capsule form  
or  
☐ another mitogen-activated protein kinase (MEK) inhibitor for this condition
- 9** Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient was 2 to 18 years and had plexiform neurofibroma(s) (PN) that caused or was likely to cause at least one of the following:
- ☐ significant symptoms or morbidity  
☐ disability  
☐ disfigurement  
☐ impairment of normal body function
- 10** Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient had PN for which complete resection could not be performed:
- ☐ safely  
or  
☐ without causing unacceptable morbidity
- 11** Prior to commencing non-PBS-subsidised treatment with a MEK inhibitor (including selumetinib), the patient had a:
- ☐ Karnofsky Performance Score of at least 70%  
or  
☐ Lansky Performance Score of at least 70%
- 12** Is the patient tolerating treatment?
- No ☐  
Yes ☐



MCA0PB371 2506

**13** The patient has:

☐ achieved stabilisation of disease

► **Go to 15**

**or**

☐ received at least 12 months of treatment and achieved adequate response to treatment

**14** The patient has achieved adequate response demonstrated by:

☐ stability or improvement of the initial baseline measurements prior to initiating treatment

**or**

☐ relevant imaging that has not shown an increase in tumour size of 20% or more

## Checklist

**15**  The relevant attachments need to be provided with this form.

☐ Details of the proposed prescription(s).

## Privacy notice

**16** 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)

**17 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](https://servicesaustralia.gov.au/hpos)  
**or**
- by post (signature required) to  
Services Australia  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001