Australian Government
Services Australia

medicare

PBS

Severe asthma – adolescent and adult – 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**

When to use this form

Use this form to apply for **continuing** PBS-subsidised biological medicines for patients 12 years or over with uncontrolled severe asthma.

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.

Applications for **balance of supply** 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.

Where the term 'biological medicine' appears, it refers to benralizumab, dupilumab, mepolizumab and omalizumab.

Under no circumstances will phone approvals be granted for uncontrolled severe asthma **continuing** authority applications for benralizumab, dupilumab or mepolizumab.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 with benralizumab, dupilumab or mepolizumab.

Applications for **continuing** treatment with the originator brand of PBS-subsidised **omalizumab** 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.

Continuing treatments with PBS-subsidised biosimilar brand of omalizumab are **Authority Required (STREAMLINED)** and do not require authority approval from Services Australia for the listed quantity and repeats.

The patient remains eligible to receive **continuing** treatment providing they continue to sustain a response to treatment.

Section 100 arrangements for benralizumab, dupilumab, mepolizumab and omalizumab

These items are available to a patient who is attending:

- an approved private hospital, **or**
- a public hospital

and is a:

- day admitted patient
- non-admitted patient, **or**
- patient on discharge.

These items are not available as a PBS benefit for in-patients of a public hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

The assessment of the patient's response to the course of treatment must be conducted within the time frame specified in the restriction. Where a demonstration of response is not conducted within the required time frame, the patient will be deemed to have failed treatment with that particular PBS-subsidised biological medicine. A patient who has experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal is not considered to have failed treatment with that particular PBS-subsidised biological medicine.

Swapping between **dupilumab 200 mg** and **300 mg** strengths is **not permitted** as the respective strengths are PBS approved for different patient cohorts.

The patient must not receive **more than 24 weeks** of treatment under this restriction.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

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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)

Hospital details

7 Hospital name

This hospital is a:

- ☐ public hospital
- ☐ private hospital

8 Hospital provider number

Conditions and criteria

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

9 The patient is being treated by a medical practitioner who is:

- ☐ a respiratory physician
- ☐ a clinical immunologist
- ☐ an allergist
- ☐ a general physician experienced in the management of patients with severe asthma.

10 Has the patient received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition in this treatment cycle?

- No ☐
- Yes ☐ for benralizumab or mepolizumab applications
- Yes ☐ for dupilumab applications where the patient has received their most recent PBS-subsidised treatment **with this same strength**

Swapping between **dupilumab 200 mg** and **300 mg** strengths is **not permitted** as the respective strengths are PBS approved for different patient cohorts.

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11 Will this treatment be used in combination with and **within 4 weeks** of another PBS-subsidised biological medicine for severe asthma?

Yes ☐
No ☐

12 The patient has demonstrated a response to the most recent PBS-subsidised biological medicine treatment for severe asthma, assessed **no more than 4 weeks** after the last dose of biological medicine and evidenced by:

☐ a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline

Current ACQ-5 Score

Date of current score (DD MM YYYY)

or

☐ a reduction in the maintenance dose of oral corticosteroid (OCS) by at least 25% from baseline

Name of steroid

Current dose mg/day

From (DD MM YYYY)

To (DD MM YYYY)

and

☐ no deterioration in the ACQ-5 score from baseline

Current ACQ-5 Score

Date of current score (DD MM YYYY)

or

☐ an increase of up to 0.5 in the ACQ-5 score from baseline

Current ACQ-5 Score

Date of current score (DD MM YYYY)

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)

If returning by post, print and sign by hand.

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

Reset form