

Subfoveal choroidal neovascularisation – 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 aflibercept, brolucizumab, faricimab or ranibizumab for patients with subfoveal choroidal neovascularisation.

Important information

Initial applications to start PBS-subsidised treatment for each eye 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.

Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Authority approval for initial treatment of each eye must be sought.

Under no circumstances will phone approvals be granted for subfoveal choroidal neovascularisation **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 authority application for **initial** treatment has been approved, applications for **continuing** treatment with aflibercept, faricimab or ranibizumab for the same eye as per the PBS restriction is **Authority Required (STREAMLINED)** and does not require prior authority approval from Services Australia for the listed quantity and repeats.

After an authority application for **initial** treatment has been approved, applications for **continuing** treatment with brolucizumab for the same eye 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



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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 is being treated by an:

- ophthalmologist
- accredited ophthalmology registrar in consultation with an ophthalmologist

8 The patient has subfoveal choroidal neovascularisation (CNV) in:

- right eye left eye both eyes

9 The patient has subfoveal CNV due to:

- age-related macular degeneration

or

- pathologic myopia (afibercept and ranibizumab only)

or

- causes other than age-related macular degeneration or pathologic myopia (ranibizumab only).

10 Is this treatment the sole PBS-subsidised therapy for this condition?

Yes

No

11 This application is for:

- aflibercept, faricimab or ranibizumab

▶ **Go to 12**

- brolocizumab

▶ **Go to 13**

12 The patient has been diagnosed by:

- optical coherence tomography

or

- fluorescein angiography

▶ **Go to 15**

13 Has the patient previously received PBS-subsidised treatment with this drug for this condition for the same eye?

Yes

No



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