

Hereditary angioedema Types 1 or 2 – garadacimab – 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

When to use this form

Use this form to apply for **initial grandfather** PBS-subsidised garadacimab for patients with hereditary angioedema Types 1 or 2, who have received non-PBS-subsidised treatment with garadacimab for the same condition prior to **1 April 2026**.

Important information

Initial grandfather application 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 Types 1 or 2 **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.

Patients may qualify for PBS-subsidised treatment under this restriction once only. For **continuing** PBS-subsidised treatment, a grandfathered patient must qualify under the **continuing** treatment criteria.

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

Hereditary angioedema Types 1 or 2 – garadacimab – 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

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, or in consultation with a:
- clinical immunologist
 - specialist allergist
- 8** Has the patient received non-PBS-subsidised treatment with this drug for this condition as routine prophylaxis for hereditary angioedema prior to **1 April 2026**?
- Yes
- No
- 9** Will this treatment be used in combination with a C1-esterase inhibitor concentrate or lanadelumab?
- Yes
- No
- 10** The patient has:
- experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment for this condition
- Provide the baseline number of treated acute attacks
-
- or
- been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition
- or
- received PBS-subsidised treatment with lanadelumab as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition
- or
- received non-PBS-subsidised treatment with garadacimab via the VANGUARD open-label extension study as routine prophylaxis for hereditary angioedema



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Checklist

- 11  The relevant attachments need to be provided with this form.

Details of the proposed prescription(s).

Privacy notice

- 12 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

13 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)



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
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001