

Pulmonary arterial hypertension – initial monotherapy 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 monotherapy with pulmonary arterial hypertension (PAH) agents.

PAH agents refer to ambrisentan, bosentan, epoprostenol, iloprost, macitentan, riociguat, sildenafil and tadalafil.

Important information

Initial 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 PAH **initial** authority applications.

The information in this form is correct at the time of publishing and may be subject to change.

World Health Organization (WHO) Functional Class	PAH agent(s) subsidised under monotherapy
WHO Functional Class II	ambrisentan bosentan macitentan sildenafil tadalafil
WHO Functional Class III	ambrisentan bosentan iloprost (ONLY for drug and toxin induced PAH) macitentan riociguat sildenafil tadalafil
WHO Functional Class IV	ambrisentan bosentan epoprostenol iloprost macitentan riociguat

Change and continuing treatment

This form is **ONLY** for **initial** treatment.

After an authority application for **initial** treatment has been approved, applications to **change** or **continue** treatment with PAH agents 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.

Dual therapy or triple therapy treatment

After an authority application for **initial** monotherapy treatment has been approved, dual therapy or triple therapy treatment may be approved if standard monotherapy treatment options are not suitable, or have failed.

Applications for dual therapy or triple therapy 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)

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)

Hospital details

8 Hospital name

This hospital is a:

public hospital

private hospital

9 Hospital provider number

Conditions and criteria

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

10 Is the patient being treated by, and this authority application being completed by, a physician with expertise in the management of PAH?

No

Yes

11 Has the patient received prior PBS-subsidised treatment with a PAH agent?

No

Yes

12 Is the treatment the sole PBS-subsidised PAH agent for this condition?

No

Yes

13 This application is for:

ambrisentan

bosentan

macitentan

sildenafil

tadalafil

▶ **Go to 15**

or

epoprostenol

iloprost

riociguat

▶ **Go to 14**

14 The patient has:

WHO Functional Class III PAH

WHO Functional Class III drug and toxins induced PAH

WHO Functional Class IV PAH.



MCA0PB070 2607

- 15** The patient has a diagnosis of PAH in line with the following definition:
- a mean pulmonary artery pressure (mPAP) at least 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) no greater than 15 mmHg

or

- right ventricular systolic pressure assessed by ECHO > 40 mmHg, with normal left ventricular function where RHC can't be performed on clinical grounds.

- 16** Does the patient have pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted?

No

Yes

- 17** The patient has the following test result(s) in descending order of preference as per restriction requirements:

- right heart catheter (RHC) plus echocardiography (ECHO) plus 6 Minute Walk Test (6MWT)

or

- RHC plus ECHO (where 6MWT cannot be performed)

or

- RHC plus 6MWT (where ECHO cannot be performed)

or

- RHC (where ECHO and 6MWT cannot be performed)

or

- ECHO plus 6MWT (where RHC cannot be performed)

or

- ECHO (where 6MWT and RHC cannot be performed).

- 18** The applicable patient test results are:

- RHC composite assessment

Date (DD MM YYYY)

and

- ECHO composite assessment

Date (DD MM YYYY)

and

- 6MWT

Date (DD MM YYYY)

- 19** Are the above test results within the 6 months leading up to this application?

No

Yes

Checklist

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

- Details of the proposed prescription(s).

Privacy notice

- 21** 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

22 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
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001