

Severe asthma – adolescent and adult – initial or recommencement after 12 months break authority application

Online PBS Authorities



You do not need to complete this form if you use the **Online PBS Authorities** system.

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** or **recommencing** PBS-subsidised biological medicines for patients 12 years or older with uncontrolled severe asthma.

Important information

Initial or **recommencement** applications to start PBS-subsidised treatment can be made 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 and 5 pm, local time.

Under no circumstances will phone approvals be granted for uncontrolled severe asthma **initial** or **recommencement** authority applications.

Where the term 'biological medicine' appears, it refers to benralizumab, dupilumab, mepolizumab, omalizumab and tezepelumab. 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** or **recommencement** of treatment.

Following the completion of an **initial** treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of **continuing** treatment with that biological medicine providing they have demonstrated an adequate response to treatment.

Applications for **continuing** treatment with benralizumab, dupilumab, mepolizumab or tezepelumab can be made 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 **continuing** treatment with the originator brand of 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.

Section 100 arrangements for benralizumab, dupilumab, mepolizumab, omalizumab and tezepelumab

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 32 weeks** of treatment under this restriction.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

13 Has the patient had asthma for at least 1 year?

Yes

No

14 The patient has a diagnosis of asthma, confirmed and documented in the patient's medical records by either:

a respiratory physician

a clinical immunologist

an allergist

a general physician experienced in the management of patients with severe asthma

▶ **Go to 15**

or

at least 2 physicians experienced in the management of patients with severe asthma.

▶ **Go to 16**

15 The patient's diagnosis was defined at the time by at least one of the following standard clinical features:

forced expiratory volume (FEV1) reversibility $\geq 12\%$ and ≥ 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 mcg)

airway hyperresponsiveness with FEV1 decline $> 20\%$ during a direct bronchial provocation test

airway hyperresponsiveness with FEV1 decline $> 15\%$ during an indirect bronchial provocation test

peak expiratory flow (PEF) variability $> 15\%$ between the 2 highest and 2 lowest PEF rates during 14 days.

16 The patient has:

received optimised asthma therapy including:

adherence to high dose inhaled corticosteroid (ICS) for at least 12 months

From (DD MM YYYY)

To (DD MM YYYY)

and

adherence to long acting beta-2 agonist (LABA) therapy for at least 12 months

From (DD MM YYYY)

To (DD MM YYYY)

and (for dupilumab 300 mg applications only)

regular maintenance oral corticosteroids (OCS) in the last 6 months with a stable daily OCS dose of 5 to 35 mg/day of prednisolone or equivalent over the 4 weeks prior to treatment initiation

▶ **Go to 18**

or

contraindications and/or intolerances to prior optimised asthma therapy

▶ **Go to 17**

17 Provide details of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to standard therapy according to the relevant TGA-approved Product Information.

Inhaled corticosteroid

Inhaled long acting beta-2 agonist therapy

Oral corticosteroids (for dupilumab 300 mg applications only)

▶ **Go to 19**

18 The patient has failed to achieve adequate control with optimised asthma therapy in the past 12 months, despite formal assessment of and adherence to correct inhaler technique, which has been documented in the patient's medical records and demonstrated by:

at least one admission to hospital for a severe asthma exacerbation while receiving optimised asthma therapy

Date of exacerbation (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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or

at least one severe asthma exacerbation requiring documented use of systemic corticosteroids prescribed or supervised by a physician with either:

OCS initiated or increased for at least 3 days

Date of exacerbation (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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or

parenteral corticosteroids

Date of exacerbation (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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19 Does the patient have a baseline Asthma Control Questionnaire (ACQ-5) score of ≥ 2.0 (no more than one month old)?

Yes

No

20 Provide baseline details

ACQ-5 Score

<input type="text"/>

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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21 This application is for:

- benralizumab ▶ **Go to 23**
- dupilumab ▶ **Go to 22**
- mepolizumab ▶ **Go to 23**
- omalizumab ▶ **Go to 24**
- tezepelumab ▶ **Go to 22**

22 Which qualifying blood test results will be provided with this authority application?

- Blood eosinophil count ▶ **Go to 23**
- IgE level ▶ **Go to 24**

23 In the last 12 months, the patient has had:

- a baseline blood eosinophil count \geq 150 cells/microlitre while receiving treatment with OCS

Blood eosinophil count cells per microlitre

Date (DD MM YYYY)

▶ **Go to 26**

or (not applicable to dupilumab 300 mg applications)

- a baseline blood eosinophil count \geq 300 cells/microlitre

Blood eosinophil count cells per microlitre

Date (DD MM YYYY)

▶ **Go to 26**

24 In the last 12 months, has the patient had total serum human immunoglobulin E (IgE) of at least 30 IU/mL and past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE?

- Yes
No

25 Provide the patient's total serum human IgE (no more than 12 months old)

IgE result IU/mL

Date (DD MM YYYY)

Checklist

26  The relevant attachments need to be provided with this form.

- Details of the proposed prescription(s).

Privacy notice

27 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 servicessaustralia.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 servicessaustralia.gov.au/hpos

28 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 servicessaustralia.gov.au/hpos
- by post (signature required) to
Services Australia
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001