

# 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](https://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 older 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, omalizumab and tezepelumab.

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

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, 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 24 weeks** of treatment under this restriction.

## For more information

Go to [servicesaustralia.gov.au/healthprofessionals](https://servicesaustralia.gov.au/healthprofessionals)



**11** Will this treatment be used in combination with and **within 4 weeks** of another PBS-subsidised biological medicine for severe asthma, or when the treatment is tezepelumab, for nasal polyps, uncontrolled severe allergic asthma, or uncontrolled 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](https://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](https://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)

## 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](https://servicesaustralia.gov.au/hpos)
- by post (signature required) to  
Services Australia  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001