

Severe growth failure with primary insulin-like growth factor-1 deficiency – mecasecmin – 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 mecasecmin for patients aged from 2 to less than 18 years old with severe growth failure with primary insulin-like growth factor-1 deficiency (IGFD).

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 severe growth failure with IGFD **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 the **initial** treatment has been approved, applications for **continuing** 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.

Treatment specifics

An older child is defined as a:

- male with a chronological age of **at least 12 years** or a bone age of **at least 10 years**, or
- female with a chronological age of **at least 10 years** or a bone age of **at least 8 years**.

Current height, growth velocity and weight measurements must not be more than **3 months** old at the time of application.

The Centers for Disease Control and Prevention (U.S. Department of Health and Human Services) publishes Clinical Growth Charts which this restriction refers to. Both the 'length-for-age' (birth to 36 months) and 'stature-for-age' (children 2 years to 20 years) growth charts can be viewed, printed and reproduced at the following website cdc.gov/growthcharts/clinical_charts.htm

For more information

Go to servicesaustralia.gov.au/healthprofessionals

- 9** The patient, aged 2 to less than 18 years:
- is **not** known to have epiphyseal closure/growth plate fusion
- and**
- has a growth velocity below the 25th percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child)
- and**
- is a female with a bone age less than 13.5 years
- or**
- is a male with a bone age less than 15.5 years

10 Provide the following details:

Patient's current height measured within the last 3 months

 cm

Patient's current weight measured within the last 3 months

 kg

Date of measurement (DD MM YYYY)

Patient's bone age performed within the last 12 months, if the patient's current chronological age is \geq 2.5 years.


 years months

Date of assessment (DD MM YYYY)

11 Prescribed dose

 mg/kg twice daily

Checklist

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

Details of the proposed prescription(s)

Privacy notice

- 13** 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

14 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