Australian Government
Services Australia

medicare

PBS

Severe chronic spontaneous urticaria – omalizumab – initial authority application

When to use this form

Use this form to apply for **initial** PBS-subsidised omalizumab for patients with severe chronic spontaneous urticaria (CSU).

Important information

Initial applications to start PBS-subsidised treatment must be 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 **initial** authority applications.

A standard therapy is defined as a combination of therapies that includes H1 antihistamines at maximally tolerated doses in accordance with clinical guidelines, and one of the following:

- a H2 receptor antagonist (150 mg twice per day for ranitidine and nizatidine, and 40 mg per day for famotidine), **or**
- a leukotriene receptor antagonist (LTRA) (10 mg per day), **or**
- doxepin (up to 25mg three times a day).

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 a written authority application for **initial** treatment has been approved, application 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.

Call charges may apply.

Section 100 arrangements

This item is available to a patient who is attending:

- an approved private hospital
- a public participating hospital, **or**
- a public hospital

and is:

- a day admitted patient
- a non-admitted patient, **or**
- a patient on discharge.

This item is not available as a PBS benefit for in-patients of a hospital.

The hospital name and provider number must be included in this authority form.

Treatment specifics

Patient must not receive more than 12 weeks of treatment under this restriction.

Any patient who ceases therapy and whose CSU relapses will need to re-initiate PBS-subsidised omalizumab as a new patient.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals**

Australian Government
Services Australia

medicare

PBS

Severe chronic spontaneous urticaria – omalizumab – initial authority application

Patient's details

1 Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

2 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

3 Date of birth (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Hospital details

7 Hospital name

This hospital is a:

☐ public hospital

☐ private hospital

8 Hospital provider number

Conditions and criteria

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

9 The patient is being treated by:

☐ a clinical immunologist

☐ an allergist

☐ a dermatologist

☐ a general physician with expertise in the management of CSU

10 Does the patient have severe CSU based on both physical examination and patient history (to exclude any factors that may be triggering the urticaria)?

No ☐

Yes ☐

11 Has the patient experienced itch and hives that persist on a daily basis for at least 6 weeks despite treatment with H1 antihistamines?

No ☐

Yes ☐

12 Has the patient failed to achieve an adequate response after a minimum of 2 weeks standard therapy?

No ☐ ***Go to 15***

Yes ☐

13 The combination of therapies specified as:

☐ H1 antihistamine

Name

Dose mg

and

☐ H2 receptor antagonist

Name

Dose mg

or

☐ LTRA

Name

Dose mg

or

☐ Doxepin

Dose mg

MCA0PB223 2208

14 What are the patient's current Urticaria Activity Score 7 (UAS7) and itch scores as assessed while receiving the above combination of therapies?

UAS7 score

Itch score

15 Does the patient have contraindications to standard therapy according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal?

No ☐

Yes ☐ Give details of contraindication and/or intolerance

Checklist

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

☐ The completed authority prescription form(s).

Privacy notice

17 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/privacy**

Prescriber's declaration

18 **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 the completed authority prescription form(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.

Prescriber's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents:

- **online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

  or

- by post, send this form, the authority prescription form(s) and any relevant attachments to:

  Services Australia
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001

Reset form Print form