

Glioblastoma initial grandfather PBS authority application

When to use this form	Use this authority application form (this form) to apply for initial Pharmaceutical Benefits Scheme (PBS) subsidised treatment with bevacizumab for relapsed or recurrent glioblastoma for patients who have received non-PBS subsidised treatment with bevacizumab before 1 August 2019 .
Important information	Initial grandfather authority applications to start PBS subsidised treatment must be in writing and must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria. Under no circumstances will phone approvals be granted for initial grandfather authority applications or for treatment that would otherwise extend the relevant treatment phase. 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 grandfather treatment. After a written authority application for initial grandfather treatment has been approved, applications for continuing treatment can be made by phone. Call 1800 700 270 Monday to Friday, 8 am and 5 pm, Australian Eastern Standard Time. Note: Call charges may apply.
Section 100 arrangements	This item is available to a patient who is attending: <ul style="list-style-type: none">• an approved private hospital• a public participating hospital, or• a public hospital and is: <ul style="list-style-type: none">• 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 form.
Treatment specifics	A patient may qualify for PBS subsidised treatment under this restriction once only.
For more information	Go to humanservices.gov.au/healthprofessionals

14 The patient:

had failed to achieve an adequate response with temozolomide

or

was intolerant to temozolomide

15 At the time non-PBS subsidised treatment with this drug for this condition was initiated, what was the patient's Eastern Cooperative Oncology Group (ECOG) performance status score?

16 Has the patient developed further symptomatic progression while being treated with this drug for this condition?

No

Yes

17 The patient will be receiving treatment with this drug for this condition at a dose:

not exceeding **10 mg/kg every 2 weeks**

or

not exceeding **15 mg/kg every 3 weeks**

Checklist

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

The completed authority prescription form(s).

Evidence of glioblastoma confirmed by radiology report.

Privacy notice

19 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.

Personal information may be used by the department, 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 the department manages personal information, including our privacy policy, can be found at humanservices.gov.au/privacy

Prescriber's declaration

20 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 the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.
- I have attached 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



Date

Returning your form

You can 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 humanservices.gov.au/hpos
- **by post**, send this form, the authority prescription form(s) and any relevant attachments to:

**Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001**