

Short bowel syndrome with intestinal failure first continuing authority application

When to use this form	Use this authority application form to apply for first continuing Pharmaceutical Benefits Scheme (PBS) subsidised teduglutide for patients with type III short bowel syndrome with intestinal failure.
Important information	<p>First continuing applications must be in writing and must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.</p> <p>Under no circumstances will phone approvals be granted for first continuing authority applications.</p> <p>The information on this form is correct at the time of publishing and may be subject to change.</p>
Continuing treatment	<p>This form is ONLY for first continuing treatment.</p> <p>Applications for subsequent continuing treatments must be made in writing and must include a subsequent continuing treatment authority application form that provides sufficient supporting information to determine the patient's eligibility according to the PBS criteria.</p>
Section 100 arrangements	<p>This item is available to a patient who is attending:</p> <ul style="list-style-type: none">• an approved private hospital• a public participating hospital, or• a public hospital <p>and is:</p> <ul style="list-style-type: none">• a day admitted patient• a non-admitted patient, or• a patient on discharge. <p>This item is not available as a PBS benefit for in-patients of a hospital.</p> <p>The hospital name and provider number must be included in this form.</p>
Treatment specifics	<p>A patient must have received at least 12 months of initial therapy to be eligible under the first continuing treatment.</p> <p>A patient may qualify for PBS subsidised treatment under this restriction once in a lifetime.</p>
For more information	Go to servicessaustralia.gov.au/healthprofessionals

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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
 / /

Prescriber's details

- 4 Prescriber number
- 5 Dr Mr Mrs Miss Ms Other
Family name

First given name
- 6 Business phone number

Alternative phone number

Fax number

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 Is the patient being treated by a gastroenterologist or a specialist within a multidisciplinary intestinal rehabilitation unit?
No
Yes
- 10 The patient received:
 initial PBS subsidised treatment with this drug for this condition
or
 initial grandfathered PBS subsidised treatment with this drug for this condition.
- 11 The patient:
 achieved a reduction in parenteral support frequency of at least one day per week compared to the mean number of days per week at baseline
and
the current mean number of days per week of any parenteral support (parenteral nutrition with or without IV fluids) over the preceding 4 week period is:
 days per week
or
 who is yet to turn 18 years of age, achieved a reduction in the mean weekly parenteral support volume of at least 20% (mL per kg of body weight) relative to baseline
and
the current mean volume per week in ml per kg of body weight of any parenteral support (parenteral nutrition with or without IV fluids) over the preceding 4 week period is:
 mL per kg per week
and from 1 September 2021, if the patient has not provided the mean weekly volume of parenteral support for 4 consecutive weeks in the initial application, the known or estimated retrospective baseline value immediately prior to initiating treatment is:
 mL per kg per week

These results should be documented in the patient's medical records.

Checklist

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

The completed authority prescription form(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/privacy

Prescriber's declaration

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 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 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