



Growth hormone deficiency – childhood onset initial authority application

When to use this form

Use this authority application form to apply for **initial** Pharmaceutical Benefits Scheme (PBS) subsidised somatropin for patients with childhood onset growth hormone deficiency.

Important information

Initial applications to start PBS subsidised treatment for growth hormone deficiency can be made in real time using the **Online PBS Authorities System**, or 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** 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 initial treatment has been approved, applications 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.

For more information

Go to servicesaustralia.gov.au/healthprofessionals

- 10** The patient has current or historical evidence of:
- an insulin tolerance test with maximum serum GH < 2.5 µg/L

or

- an arginine infusion test with maximum serum GH < 0.4 µg/L

or

- a glucagon provocation test with maximum serum GH < 3 µg/L.

Provide corresponding growth hormone simulation test result:

Peak GH concentration level

Laboratory reference range for age and gender (for peak GH)

Date of testing (DD MM YYYY)

- 11** Provide the patient's somatropin dose per day

 mg/day

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 (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