

General (S85) Schedule – opioid treatment authority application

When to use this form

Use this authority application form (this form) to apply for Pharmaceutical Benefits Scheme (PBS) subsidised opioid treatment where the authority application is for **up to 3 months'** supply. This form is not to be used for opioids that are listed on the Palliative Care Schedule.

Important information

This form is **ONLY** for items listed on the **General Schedule**. Please use **Palliative Care Schedule – opioid treatment authority application (PB306)** form for items listed on the Palliative Care Schedule.

Applications must include sufficient supporting information to determine the patient's eligibility according to the PBS criteria.

Phone applications for increased maximum quantities/repeats for **up to 1 month** may be made by calling **1800 888 333** 24 hours, 7 days.

Call charges may apply.

Applications for increased quantities and/or repeats to allow **up to 3 months** treatment can be made in real time using the Online PBS Authorities system.

The information in this form is correct at the time of publishing and may be subject to change.

Written authority applications for increased maximum quantities/repeats can be uploaded online through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos or returned by post, see **Returning this form** on page 3.

Treatment specifics

Where treatment exceeds or is planned to **exceed 12 months, most restrictions require an annual pain management review by another medical practitioner or palliative care nurse practitioner (for palliative care patients only)**. For patients with proven malignant neoplasia (for certain medicines) or if the patient is a palliative care patient who is unable to have a review due to their condition, the requirement for a review is exempt. The details of this review must be retained on the patient's record by the prescribing doctor.

Caution: The risk of drug dependence is high. Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

For more information

Go to servicesaustralia.gov.au/hppbsauthorities

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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

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met. Refer to the PBS restrictions for approved indications for the relevant PBS listing.

Do not use this form for items listed on the Palliative Care Schedule.

Not all available or relevant options on this form are applicable to all PBS Restrictions, or all opioid medications.

The correct option, relevant to the patient, must be selected according to the restriction criteria.

Applications with the incorrect option selected for the medication prescribed will not be approved.

- 7** This application for increased quantity and/or repeats is for the treatment of:
 chronic severe disabling pain
 severe disabling pain due to malignant neoplasia
- 8** This application is for:
 initial PBS subsidised treatment with this form of this drug for this condition **after 1 June 2020**, where the patient has received combined non-PBS subsidised and PBS subsidised opioid treatment for **less than 12 months** **▶ Go to 9**
- or
 initial PBS subsidised treatment with this form of this drug for this condition **after 1 June 2020**, where the patient has exceeded 12 months combined non-PBS subsidised and PBS subsidised opioid treatment **▶ Go to 9**
- or
 continuing PBS subsidised treatment where the patient has previously received PBS subsidised treatment with this form of this drug for this condition **after 1 June 2020**. **▶ Go to 12**
- 9** Does the patient require daily, continuous, long term therapy with this treatment?
No
Yes
- 10** Is the patient opioid naïve?
No
Yes

11 The patient:

Select ONLY the options relevant to the patient AND the relevant restriction – refer to PBS Schedule.

- has had, or would have, inadequate pain management with maximum tolerated doses of:
- non-opioid analgesics only
 - non-opioid or other opioid analgesics
 - non-opioid and other opioid analgesics

or

- has developed contraindications or intolerances to:
- non-opioid analgesics only
 - non-opioid or other opioid analgesics
 - non-opioid and other opioid analgesics

and/or

- has cancer pain (refer to PBS Schedule)

and/or

- is receiving this treatment for post-operative pain following a major operative procedure (refer to PBS Schedule)

or

- is receiving this treatment as part of pre-operative care (refer to PBS Schedule)

or

- is receiving this treatment as an analgesic adjunct in general anaesthesia (refer to PBS Schedule).

12 The patient:

Select ONLY the options relevant to the patient AND the relevant restriction – refer to PBS Schedule.

- is exempted from review requirements due to:
- the total duration of combined non-PBS and PBS subsidised opioid treatment being less than 12 months

or

- proven malignant neoplasia

or

- being a palliative care patient who is unable to have a review of pain management because of their condition

or

- has exceeded 12 months combined non-PBS subsidised and PBS subsidised opioid treatment and has had their need for continuing opioid treatment reviewed by another medical practitioner or palliative care nurse practitioner (for palliative care patients only) in the past 12 months

or

- has exceeded 12 months combined non-PBS subsidised and PBS subsidised opioid treatment **prior to 1 June 2020** has not had their need for continuing opioid treatment reviewed by another medical practitioner or palliative care nurse practitioner (for palliative care patients only) in the last 12 months, but a review is planned in the next 3 months.

Checklist

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

- The completed authority prescription form(s).

Privacy notice

- 14 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 servicessaustralia.gov.au/privacy

Prescriber's declaration

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

Services Australia
PBS Authorities
GPO Box 9857
In your capital city