



Palliative Care 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 for items listed on the Palliative Care Schedule, where the authority application is for **up to 3 months'** supply.

Important information

This form is **ONLY** 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.

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 General Schedule.

Not all available or relevant options on this form are applicable to all opioid medications listed on the Palliative Care Schedule.

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** Is this application for a patient receiving palliative care?
 No
 Yes
- 8** This application for increased quantity and/or repeats is for the treatment of:
 (select ONLY the indication relevant to the prescribed item)
 breakthrough pain attributable to current cancer ▶ **Go to 11**
 severe pain
 severe disabling pain
 chronic severe disabling pain – initial treatment
 chronic severe disabling pain – continuing treatment
- 9** Is the patient opioid naïve?
 No
 Yes
- 10** The patient:
 Select ONLY the options relevant to the patient AND the relevant restriction – refer to PBS Schedule.
- has a condition that is unresponsive to non-opioid analgesics (not applicable to all restrictions)
- or**
- 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

▶ **Go to 14**

11 This application is for:

- initial treatment (no repeats can be authorised)
- continuing treatment

12 Has the patient been assessed as receiving adequate management of their persistent pain with opioids?

- No
Yes

13 The patient:

- has previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain

or

- has previously experienced adverse effects following the use of short acting opioids for breakthrough pain

or

- requires this treatment due to short acting opioids being considered clinically inappropriate.

Checklist

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

- The completed authority prescription form(s).

Privacy notice

15 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

16 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
PBS Authorities
GPO Box 9857
In your capital city