



Hereditary angioedema type 1 or 2 – lanadelumab – initial authority application

When to use this form

Use this authority application form to apply for **initial** Pharmaceutical Benefits Scheme (PBS) subsidised lanadelumab for patients aged 12 years or older with hereditary angioedema (HAE) type 1 or 2).

Important information

Initial applications 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** 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 a written 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

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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

Conditions and criteria

To qualify for PBS authority approval, the following conditions must be met.

- 7** Is the patient being treated by a clinical immunologist or a specialist allergist?
No
Yes
- 8** The patient:
 has type 1 or 2 hereditary angioedema
and
 is aged 12 years or older.
- 9** Will this treatment be in combination with a C1-esterase inhibitor concentrate?
No
Yes
- 10** The patient:
 has not received previous treatment with C1-esterase inhibitor for routine prophylaxis for HAE
and
 has not been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for HAE at the time of this application
and
 has experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug
Provide the baseline number of acute attacks
- or**
 has commenced treatment from the National Blood Authority – funded C1-esterase inhibitor
and
 has been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for this condition immediately prior to receiving this drug.

Checklist

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

The completed authority prescription form(s).

Privacy notice

- 12 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

13 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
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001