

Solid tumours – NTRK gene fusion positive – larotrectinib – initial authority application

Online services



Requesting PBS Authorities online provides an immediate assessment in real time.

For more information and how to access the **Online PBS Authorities** system, go to servicesaustralia.gov.au/hppbsauthorities

When to use this form

Use this form to apply for **initial** Pharmaceutical Benefits Scheme (PBS) subsidised larotrectinib for patients with solid tumours that are confirmed to be neurotrophic tropomyosin receptor kinase (NTRK) gene fusion positive.

Important information

Initial applications to start PBS-subsidised treatment can be made in real time using the **Online PBS Authorities** system, or in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

Under no circumstances will phone approvals be granted for solid tumours - NTRK gene fusion positive **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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Online services



You do not need to complete this form if you use the **Online PBS Authorities** system.

Go to servicesaustralia.gov.au/hppbsauthorities

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 (DD MM YYYY)

Prescriber's details

4 Prescriber number

5 Dr Mr Mrs Miss Ms Other

Family name

First given name

6 Business phone number (including area code)

Alternative phone number (including area code)

Conditions and criteria

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

7 The condition is:

metastatic disease

or

locally advanced and unresectable

or

locally advanced and requires disfiguring surgery/limb amputation to achieve complete surgical resection.

8 Is this treatment the sole PBS-subsidised systemic anti-cancer therapy for this condition?

No

Yes

9 Has the patient developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition?

No

Yes

N/A (not applicable)

10 Prior to initiating treatment with this drug, was the condition confirmed to be positive for a NTRK gene fusion through a report from an Approved Pathology Authority?

No

Yes

11 Provide the following pathology report details that confirms the positive NTRK gene fusion

Pathology provider name

Date of pathology report (DD MM YYYY)

Unique identifying number/code

12 At treatment initiation with this drug, the patient:

is/was under the age of 18 years

Go to 15

or

is aged 18 years or older.



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13 The patient's condition, confirmed through a pathology report from an Approved Pathology Authority is:

a mammary analogue secretory carcinoma of the salivary gland

or

a secretory breast carcinoma.

14 Provide the following pathology report details that confirms the carcinoma type (if different to the previous report provided)

Pathology provider name

Date of pathology report (DD MM YYYY)

Unique identifying number/code

Checklist

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

The completed authority prescription form(s).

Privacy notice

16 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

17 I declare that:

- I am aware 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 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