



# Idiopathic thrombocytopenic purpura

## Continuing PBS authority application

### Supporting information

#### Important information

You must lodge this form for an adult patient with chronic immune idiopathic thrombocytopenic purpura who is:

- starting the first period of **continuing** PBS subsidised treatment with either eltrombopag or romiplostim
- or
- **restarting** interrupted PBS subsidised treatment with either eltrombopag or romiplostim and who has displayed a sustained platelet response during the initial period of PBS subsidised treatment

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria.

The lodgement of this application must be made within one month of the date of the most recent platelet count pathology report.

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

#### Section 100 arrangements

These items are only available to a patient who is attending:

- an approved private hospital
- a public participating hospital

or

- a public hospital

and is a

- day admitted patient
- non-admitted patient

or

- patient on discharge

These items are not available as a PBS benefit for in-patients of the hospital. The hospital provider number must be included on the application form.

#### Authority prescription form

A completed authority prescription form must be attached to this form.

The medical indication section of the authority prescription form does not need to be completed when submitted with this supporting information form.

#### Phone approvals

Under no circumstance will telephone approvals be granted for complete authority applications, or for treatment that would otherwise extend the treatment period.

#### Applications for continuing treatment

Second and subsequent applications for continuing treatment, for patients who are able to demonstrate an adequate response to treatment may be made by calling Medicare Australia on **1800 700 270** (call charges may apply) and select option 4, between 8.00 am and 5.00pm EST, Monday to Friday.

#### Assistance

If you need assistance completing this form, or more information, call Medicare Australia on **1800 700 270** (call charges may apply) option 4, between 8.00 am to 5.00 pm EST, Monday to Friday or visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) > **For health professionals > PBS > Specialised drugs (PBS) A-I > idiopathic thrombocytopenic purpura**

#### Lodgement

Send the completed authority application form, all relevant attachments and a completed authority prescription form to:

**Medicare Australia**  
**Prior written approval of specialised drugs**  
**Reply Paid 9826**  
**Hobart TAS 7001**

(no stamp required if posted in Australia)

Print in **BLOCK LETTERS**

Tick where applicable



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## Patient's details

**1** Medicare/DVA card number  
 -  -  Ref no.

**2** Mr  Mrs  Miss  Ms  Other   
 Family name  
  
 First given name

**3** Date of birth  
 /  /

**4** Patient's current weight  
 kg

## Prescriber's details

**5** Prescriber number

**6** Family name  
  
 First given name

**7** Work phone number  
  
 Alternative phone number  
  
 Fax number

## Hospital details

**8** Hospital name

**9** Hospital provider number

## Thrombopoietin receptor agonist (TRA) details

**10** Which TRA is this application for?  
 eltrombopag  
 romiplostim

## Conditions, criteria and prior treatment

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

**11** The adult patient:

has completed an initial treatment course of PBS subsidised with either eltrombopag or romiplostim, and this application is for the first period of continuing treatment

or

is restarting interrupted PBS subsidised treatment

and

has sustained a platelet response as defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS subsidised romiplostim treatment

and, either

(b) a platelet count  $\geq 50 \times 10^9/L$  on at least four occasions, each at least one week apart

or

(c) a platelet count  $> 30 \times 10^9/L$ , and which is double the pre treatment baseline platelet count on at least four occasions, each at least one week apart.

**Provide dates and platelet results from the relevant pathology reports. Attach these reports to the application.**

Date	Platelet count

## Attachments



Attach all relevant full platelet count pathology reports and a completed authority prescription form.

## Prescriber's declaration

**12** I declare that:

- the information on this form is correct.

Prescriber's signature

Date

 /  / 

## Privacy note

The information provided on this form will be used to assess the eligibility of a nominated person to receive PBS subsidised treatment. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law.