



Narcolepsy Initial PBS authority application Supporting information

Important information

This form must be completed by a qualified sleep medicine practitioner or a qualified neurologist.

You must lodge this form for a patient who is starting **initial** PBS subsidised treatment with modafinil.

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

Modafinil is not PBS subsidised when used in combination with PBS subsidised dexamphetamine.

The maximum dose of modafinil that is PBS subsidised is 400mg per day.

The result and date of the polysomnography test and the Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner, or the result and date of the electroencephalographic (EEG) recording conducted by, or under the supervision of, a neurologist must be attached to this form.

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

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 form.

Phone approvals

Under no circumstances will phone approvals be granted for initial authority applications, or for treatment that would otherwise extend the treatment period.

Applications for continuing treatment

All applications for continuing treatment can be made by phone and do not need to be made by the qualified sleep medicine practitioner or neurologist. Call **1800 700 270** (call charges may apply) and select option 2, between 8.00 am to 5.00 pm EST, Monday to Friday.

Assistance

If you need assistance completing this form or need more information call **1800 700 270** (call charges may apply) and select option 2, between 8.00 am to 5.00 pm EST, Monday to Friday or go to www.medicareaustralia.gov.au > **For health professionals > PBS > Specialised drugs (PBS) J-Z > Narcolepsy**

Lodgement

Send the completed authority application form, a completed authority prescription form and the relevant test results to:

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

Print in **BLOCK LETTERS**

Tick where applicable

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

 / /

Prescriber's details

Note: Prescriber must be a qualified sleep medicine practitioner or neurologist.

4 Prescriber number

5 Family name

First given name

6 Work phone number

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Alternative phone number

Fax number

 ()

Conditions and criteria

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

The patient has:

narcolepsy, as defined by excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least three months

and

a definite history of cataplexy

or

a mean sleep latency less than or equal to 10 minutes on a Mean Sleep Latency Test

and

the MSLT was preceded by a nocturnal polysomnography

and

sleep prior to the MSLT was at least six hours

or

an electroencephalographic recording showing the pathologically rapid development of Rapid Eye Movement (REM) sleep

and

absence of any medical or psychiatric disorder that could otherwise account for the hypersomnia

and either

therapy with dexamphetamine sulfate poses an unacceptable medical risk, as indicated by any one of the following:

psychiatric disorder

cardiovascular disorder

history of substance abuse

glaucoma

other absolute contraindication as specified in the TGA approved Product Information

Provide details on contraindication

or

an intolerance to dexamphetamine sulfate treatment has developed which necessitates treatment withdrawal.

Provide details on intolerance

- 8 Provide the following details of the relevant tests undertaken. The polysomnography test and MSLT must be conducted by, or under the supervision of, a qualified sleep medicine practitioner. The EEG must be conducted by, or under the supervision of, a neurologist.

Date of MSLT test

/ /

Result (minutes)

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Date of polysomnography (nocturnal) test

/ /

Sleep prior to MSLT was at least six hours

No

Yes

Date of EEG recording

/ /

Attachments



Attach a completed authority prescription form and a copy of the relevant test results.

Prescriber's declaration

9 I declare that:

- the information provided on this form is correct.

Prescriber's signature

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Date

/ /

Privacy note

The information provided on this form will be used to assess 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.