

Pulmonary arterial hypertension

PBS authority application

Supporting information

When to use this form

This form must be completed by the treating physician from a designated centre.

You must lodge this form for a patient who is:

- **continuing** PBS subsidised treatment
- **changing** to an alternate PBS subsidised treatment for which the patient is eligible
- **demonstrating a response** to the current PBS subsidised treatment.

The term pulmonary arterial hypertension (PAH) agent refers to ambrisentan, bosentan monohydrate, epoprostenol sodium, iloprost trometamol, sildenafil citrate or tadalafil only.

Patients are eligible for PBS subsidised treatment with one PAH agent at any time.

Patients with primary pulmonary hypertension (PPH) secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70 per cent of that predicted are not eligible for PBS subsidised treatment.

Patients are not eligible to receive further PBS subsidised treatment with an agent to which they have previously failed to demonstrate stability or improvement.

Applications for World Health Organization (WHO) Class III patients to change to iloprost trometamol or epoprostenol sodium must include details of prior treatment with an alternate PAH agent to which the patient failed to respond.

Patients with **PPH** may be eligible to interchange between ambrisentan, bosentan monohydrate, epoprostenol sodium, iloprost trometamol, sildenafil citrate and tadalafil.

Patients with **PAH** secondary to connective tissue disease may be eligible to interchange between ambrisentan, bosentan monohydrate, epoprostenol, iloprost trometamol, sildenafil citrate and tadalafil.

Patients with **drug-induced PAH** are only eligible for treatment with iloprost trometamol. They may not interchange between agents.

Patients with **PAH associated with a congenital systemic-to-pulmonary shunt** (including Eisenmenger's physiology) are only eligible for treatment with bosentan monohydrate. They may not interchange between agents.

All applications must be in writing and must include sufficient information to determine the patient's eligibility according to the PBS criteria. Results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a six minute walk test (6MWT) must be provided unless contraindicated on medical grounds.

A **minimum of two** test results must qualify for each continuation or change application where the patient has demonstrated stability or improvement of PPH or PAH relative to the baseline result.

Applications for patients who have not demonstrated stability or improvement of PPH or PAH relative to the baseline result and who wish to change to an alternate agent for which they are eligible, may include a complete set of new baseline results.

A demonstration of response before stopping treatment temporarily may be submitted using this form and faxed to **1300 154 190**.

The application must be lodged within two months of the date of all assessments.

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 either:

- an approved private hospital
- a public participating hospital

or

- a public hospital

and is either:

- a day admitted patient
- a non-admitted patient

or

- a patient on discharge.

These items are not available as PBS benefits 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 form.

Changing treatment

All change applications for a PAH agent should include a prescription for six months treatment except for bosentan monohydrate which should include two written authority prescriptions, one for the first month of initiation therapy and another for the remaining five months of initial therapy.

Phone approvals

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

Applications for continuing treatment

The assessment of the patient's response to an initial course of treatment should be made after five months of treatment so that there is adequate time for a response to be demonstrated. A maximum of six months of treatment will be approved under this criterion.

Subsequent applications for continuing treatment, must be submitted to Department of Human Services no later than one month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Department of Human Services within these time frames, the patient will be deemed to have failed to respond to treatment.

Stopping treatment—bosentan only

For patients stopping treatment, phone approval will be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of one month. Call **1800 700 270** (call charges apply from mobile phones) and select option 1, between 8:00 am and 5:00 pm Australian Eastern Standard time, Monday to Friday.

For more information

If you need assistance completing this form or need more information, call **1800 700 270** (call charges apply from mobile phones) and select option 1, between 8.00 am and 5.00 pm Australian Eastern Standard time, Monday to Friday or go to humanservices.gov.au/healthprofessionals and search for **Pulmonary arterial hypertension**

Returning your form(s)

Send the completed authority application form and completed authority prescription form(s) to:

Department of Human Services
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001

Filling in this form

Print in **BLOCK LETTERS**

Tick where applicable

Privacy notice

Centrelink, Medicare Australia, Child Support and CRS Australia are all part of the Australian Government Department of Human Services. Personal information held by Human Services is protected by law, including the *Privacy Act 1988*. The information provided on this form will be used to assess eligibility of the 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.

Pulmonary arterial hypertension

PBS authority application

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

Prescriber must be the treating physician from a designated centre.

5 Prescriber number

6 Family name

First given name

7 Work phone number

()

Alternative phone number

Fax number

()

Application details

8 This application is for:

- continuing treatment with the current PBS subsidised PAH agent

or

- changing treatment to an alternate PBS subsidised PAH agent for which the patient is eligible

or

- demonstrating a response to the current PBS subsidised PAH agent before stopping treatment

Hospital details

9 Hospital name

10 Hospital provider number

Conditions and PAH agent requested

11 Indicate the patient's current WHO class:

- WHO Class III

- WHO Class IV

12 Indicate the PAH agent requested:

- ambrisentan

- iloprost*

- bosentan

- sildenafil (WHO class III only)

- epoprostenol*

- tadalafil (WHO class III only)

* If prescribing either iloprost or epoprostenol for WHO class III patients for the first time, provide details of treatment with an alternate PBS subsidised PAH agent to which the patient has failed to respond.

PAH agent

from / / to / /

Current assessment of patient

13 The patient has:

- demonstrated stability or improvement with current treatment

Go to 14

or

- failed to demonstrate stability or improvement with current treatment

Go to 15

14 Provide current test results for all three tests which must be within two months of the date of this application.

- RHC

Date of test

/ /

The composite of the RHC demonstrates stability or improvement of PPH or PAH relative to the baseline result.

- No

- Yes

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

ECHO

Date of test

Date input field with slashes.

The composite of the ECHO demonstrates stability or improvement of PPH or PAH relative to the baseline result

No

Yes

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

6MWT

Date of test

Date input field with slashes.

Distance walked

Distance input field with 'm' label.

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

Go to Attachments

15 Submit the following complete set of new baseline assessments

RHC

Date of test

Date input field with slashes.

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

ECHO

Date of test

Date input field with slashes.

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

6MWT

Date of test

Date input field with slashes.

Distance walked

Distance input field with 'm' label.

If test is unable to be performed, supply patient specific clinical reason for exemption.

Text box with dashed lines for exemption reason.

Go to Attachments

Attachments



Attach a completed authority prescription form.

Prescriber's declaration

16 I declare that:

- the information on this form is correct.

Prescriber's signature

Signature input field with a pen icon.

Date

Date input field with slashes.