



medicare



Growth hormone deficiency – adult continuing PBS authority application

When to use this form

Use this authority application form (this form) to apply for **continuing** Pharmaceutical Benefits Scheme (PBS) subsidised somatropin for an adult patient with severe growth hormone deficiency.

Important information

Continuing applications to receive PBS subsidised treatment 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 **continuing** authority applications.

The patient must be treated by, or in consultation with, an endocrinologist.

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 **continuing** treatment.

For more information

Go to humanservices.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

Fax number
 ()

Conditions and criteria

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

- 7** Is the patient being treated by, or in consultation with, an endocrinologist?
 No
 Yes
- 8** Has the patient previously received PBS subsidised therapy with somatropin for growth hormone deficiency at the age of 18 years or older?
 No
 Yes
- 9** Has the patient maintained IGF-1 levels within the normal range for age and sex?
 No
 Yes

Provide the patients:

Serum IGF-1 measurement

Laboratory reference range for age and sex

Date of testing / /

The results must be less than 12 weeks old at the time of application.

- 10** Has the patient maintained a Quality of Life (QoL) score on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA) instrument with a reduction of more than 7 points from baseline?
 No
 Yes

Provide the patients:

QoL score

Date of testing / /

The results must be less than 12 weeks old at the time of application.

- 11** Provide the patient's somatropin dose per day
 /day

Checklist

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

The completed authority prescription form(s).

Privacy notice

- 13 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.

Personal information may be used by the department, 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 the department manages personal information, including our privacy policy, can be found at humanservices.gov.au/privacy

Prescriber's declaration

14 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 the Australian Government Department of Human Services 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 your form

You can 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 humanservices.gov.au/hpos
- **By mail**, send this form, the authority prescription form(s) and any relevant attachments to:

**Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001**