

How to prescribe PBS-reimbursed Xolair[®] for Chronic Spontaneous Urticaria¹

SAMPLE SCRIPT

PBS Authority Form No. 10020407

Dr. Tom Practitioner
99 Station Street
Central NSW 2001
Phone no: 99 9999 9999
Prescriber No. 123456 Script No: 01

Patient's Medicare no. Select Send to Patient: ☒ Y

Pharmaceutical benefits entitlement number ☐ Safety Net entitlement cardholder (cross relevant box) ☐ Concessional or dependant RPBS beneficiary or Safety Net concession cardholder

Patient's name Mr John Citizen
Address 100 First Street
Central NSW 2001

Date 25/10/2017
PBS ~~XXXX~~ ☐ Brand substitution not permitted

Xolair prefilled syringe
(Solution for subcutaneous injection)
150mg/mL Solution for subcutaneous injection
QTY: [1]*2 (Two) 2 Repeats

Dr. T Practitioner
Phone Approval No: Z3456CD
QTY: [1]*2 (Two) 2 Repeats
Authorised Delegate:

Pharmacist patient COPY

Doctor to sign original and duplicate

Please turn over for privacy note

Select if you would like Xolair[®] sent to your patient or to your practice

Write the number of repeats.
2 for Initial Therapy
OR
5 for Continuing Therapy

Initial approval number will be written by Medicare
OR
Continuing approval will require you to write the Phone Approval No. provided by Medicare.

Write the quantity of 150mg syringes required for 28 days.

Max QTY (1)*2 is available under the PBS

Xolair[®]
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