Australian Government
Medicare Australia

PBS

# Ankylosing spondylitis
# Continuing PBS authority application
# Supporting information

## Important information

This form must be completed by a rheumatologist with expertise in the management of ankylosing spondylitis.

You must lodge this form for an adult 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.

Where the term Tumour Necrosis Factor alpha (TNFα) antagonist appears it only refers to adalimumab, etanercept, golimumab and infliximab. Patients are eligible for PBS subsidised treatment with only one TNFα antagonist at any time.

Applications for patients who wish to change to an alternate TNFα antagonist should be accompanied by the previously approved authority prescription or the remaining repeats for the TNFα antagonist the patient is ceasing.

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

A demonstration of response before stopping treatment temporarily may be submitted using this form and faxed to **1300 154 019**.

The lodgement of this application must be made within one month of the date of the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) assessment and Erythrocyte Sedimentation Rate (ESR)/C-reactive Protein (CRP) blood tests.

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

## Section 100 arrangements – for infliximab

This item is only available to a patient who is attending:

- 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

This is 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 form.

## 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 a change course of treatment must be made after a minimum of 12 weeks of initial treatment. Assessments before 12 weeks of treatment have been completed will not be considered.

Assessment following a continuous treatment course should be made after 20 weeks of treatment. The patient may qualify to receive up to 24 weeks of continuing treatment with that agent provided they have demonstrated an adequate response to treatment.

The assessments, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than one month from the date of completion of the course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment.

## 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 and 5.00 pm EST, Monday to Friday or go to **www.medicareaustralia.gov.au > For health professionals > PBS > Specialised drugs (PBS) A-I > Ankylosing spondylitis**

## Lodgement

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

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

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

/ /

## Prescriber's details

**4** Prescriber number

**5** Family name

First given name

**6** Work phone number

( )

Alternative phone number

Fax number

( )

## TNFα antagonist details

**7** This application is for:

☐ **continuing** treatment with the current PBS subsidised TNFα antagonist

**or**

☐ **changing** treatment to an alternate PBS subsidised TNFα antagonist for which the patient is eligible

**or**

☐ **demonstrating** a response to the current PBS subsidised TNFα antagonist prior to stopping treatment.

**8** Which TNFα antagonist is this application for?

☐ adalimumab ☐ golimumab

☐ etanercept ☐ infliximab

**For infliximab only:**

Patient's current weight

kg

Hospital name

Hospital provider number

**9** Dates of the most recent treatment course

from / / to / /

## Current assessment of patient

**10** The patient has:

☐ demonstrated a response to current treatment

**or**

☐ failed to demonstrate a response to current treatment

**and**

☐ I wish to use a previous baseline set

**or**

☐ this assessment is to be considered as the new baseline

**11** The patient has:

☐ a BASDAI assessment score of:

**and**

☐ ESR level Date of test

/ /

**and/or**

☐ CRP level Date of test

/ /

**Note:** where only one marker (ESR or CRP) has been provided at baseline, the same marker must be used for assessment for all continuing applications.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, please state reason why:

## Attachments


Attach a completed BASDAI assessment 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 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.

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# Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

Place a mark on each line below to indicate your answer to each question as it relates to your **past week**.

**1** How would you describe the overall level of fatigue/tiredness you have experienced?

None ⊢——————————————————⊣ Very severe

**2** How would you describe the overall level of AS neck, back or hip pain you have had?

None ⊢——————————————————⊣ Very severe

**3** How would you describe the overall level of pain/swelling in joints other than your neck, back or hips that you have had?

None ⊢——————————————————⊣ Very severe

**4** How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?

None ⊢——————————————————⊣ Very severe

**5** How would you describe the overall level of morning stiffness you have had from the time you wake up?

None ⊢——————————————————⊣ Very severe

**6** How long does your morning stiffness last from the time you wake up?

None ⊢——————————————————⊣ Very severe
0 ½ 1hr 1½ 2hr

### Scoring the BASDAI

Measure each question from 'None' to the patient's mark in centimetres.

Add Q5 and Q6 and divide by 2 = A
Add Q1, Q2, Q3 and Q4 = B
Add A and B and divide by 5 = Score

## Patient's declaration

**7** I _____

Print full name in **BLOCK LETTERS**

**declare that:**

- *I have completed the above six questions.*
- *I did not have access to any prior BASDAI assessments completed by myself.*

Patient's signature

Date

/ /

## Prescriber's declaration

**8** I _____

Print full name in **BLOCK LETTERS**

**declare that:**

- *as the prescriber of a TNFα antagonist for the above patient I witnessed the patient complete the above questions.*
- *they had no access to any prior BASDAI.*

Prescriber's signature

Date

/ /

BASDAI prepared by the Pharmaceutical Benefits Branch, Australian Government Department of Health and Ageing, 15 July 2004. Reproduced and extracted from: Garrett, Sarah et al. (1994) A New Approach to Defining Disease Status in Ankylosing Spondylitis: The Bath Ankylosing Spondylitis Activity Index. Journal of Rheumatology, 21 (12), 2286–2291, with the permission of the copyright holder.