



Psoriatic arthritis Continuing PBS authority application Supporting information

Important information

This form must be completed by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis.

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 biological agent appears it refers to adalimumab, etanercept, golimumab and infliximab only. Patients are eligible for PBS subsidised treatment with only one biological agent at any time.

Applications for patients who wish to change to an alternate biological agent should be accompanied by the previously approved authority prescription or the remaining repeats for the biological agent 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 joint 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 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.

This item not is 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 the 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 a 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 4, 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) J–Z > Psoriatic arthritis

Lodgement

Send the completed authority application form and completed authority prescription form to:

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

Print in **BLOCK LETTERS**

Tick where applicable \checkmark

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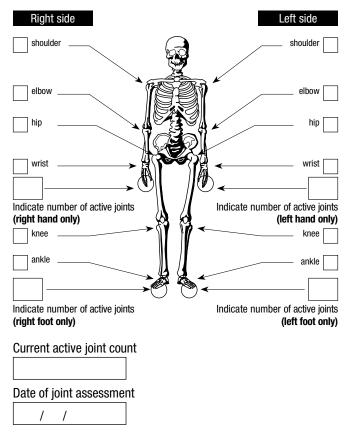


Psoriatic arthritis Continuing PBS authority application

Pat	tient's details		For infliximab only:
1	Medicare/DVA card number		Patient's current weight
	Ref no.		kg
2	Mr Mrs Miss Ms Other		Hospital name
	Family name		
			Hospital provider number
	First given name		
		9	Dates of most recent treatment course
3	Date of birth		from / / to / /
	/ /	Cu	rrent assessment of patient
Pre	escriber's details		<u> </u>
	Prescriber number	10	The patient has:
•	Tresoribor numbor		demonstrated a response to current treatment
5	Family name		
J	ranny name		ightharpoonup failed to demonstrate a response to current treatment
	First given name		and
	Thist given name		☐ I wish to use a previous baseline set
G	Mark share minches		or
O	Work phone number		this assessment is to be considered as the new baseline.
	Alternative phane number	''	Provide the following:
	Alternative phone number		ESR level Date of test/ /
	For number		and/or
	Fax number		CRP level Date of test/ /
			Note: Where only one marker (ESR or CRP) has been provided at
Biological agent details			baseline, the same marker must be used for assessment for all continuing applications.
7	This application is for:		If the requirement to demonstrate an elevated ESR or CRP cannot
	continuing treatment with the current PBS		be met, state the reason why.
	subsidised biological agent or		
	changing treatment to an alternate PBS subsidised biological		
	agent		
	Or		
	demonstrating a response to the current PBS subsidised biological agent before stopping treatment.		
8	Which biological agent is this application for?		
	adalimumab		
	etanercept Infliximab		

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12 Indicate affected joints on the diagram and complete the boxes below:



Note: Where a patient has at least four active major joints and less than 20 total active joints at baseline, assessment of the major joints only, will be used for all continuing applications.

Attachments



Attach a completed authority prescription form.

Prescriber's declaration

13 I declare that:

· the information on this form is correct.

Prescriber's signature

L i	
Date	

Privacy note

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