Australian Government
Medicare Australia

PBS

Psoriatic arthritis
Initial 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 starting **initial** PBS subsidised treatment with a biological agent.

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.

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

All tests and assessments should be performed preferably whilst still on treatment, but no longer than one month following cessation of the most recent prior treatment.

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 is not available as a PBS benefit for in-patients of the hospital. The hospital provider number must be included on the application form.

Acknowledgements

The patient's and the prescriber's acknowledgements must be signed in front of a witness (over 18 years of age).

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

This assessment, 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 this initial 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 a 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 ☑

4158.14.07.10

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Psoriatic arthritis
Initial 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

/ /

Patient's acknowledgement

4 I acknowledge that PBS subsidised treatment with biological agents for psoriatic arthritis will stop if:

- subsequent testing determines I have failed to demonstrate or sustain a response to treatment as detailed in the criteria
- I have failed three biological agent treatment courses for which I was eligible.

My prescriber has explained the nature of the ongoing monitoring and testing required in order to demonstrate an adequate response to therapy.

Patient's signature

Date

/ /

Prescriber's details

5 Prescriber number

6 Family name

First given name

7 Work phone number

( )

Alternative phone number

Fax number

( )

Prescriber's acknowledgement

8 **I have explained:**

- the circumstances governing PBS subsidised treatment with biological agents for psoriatic arthritis
- the nature of the ongoing monitoring and testing required to demonstrate an adequate and sustained response to therapy.

I believe these to be understood and accepted by the patient.

Prescriber's signature

Date

/ /

Witness's acknowledgement

9 I have witnessed the signatures of **BOTH** the patient and the prescriber.

Witness's full name (over 18 years of age)

Witness's signature

Date

/ /

Biological agent details

10 Which biological agent is this application for?

☐ adalimumab ☐ golimumab

☐ etanercept ☐ infliximab

For infliximab only:

Patient's current weight

kg

Hospital name

Hospital provider number

Conditions and criteria

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

11 The patient:

☐ is an adult with severe active psoriatic arthritis

and

☐ has signed the patient's acknowledgement

and

☐ has failed to achieve an adequate response following a minimum of three months treatment with:

☐ methotrexate at a dose of at least 20 mg weekly

from / / to / /

and

☐ sulfasalazine at a dose of at least 2 g/day

from / / to / /

or

☐ leflunomide at a dose up to 20 mg/day

from / / to / /

Provide details on contraindications or intolerance to **any** of the prior therapies including the degree of toxicity.

For details of the toxicity criteria go to **www.medicareaustralia.gov.au** > **For health professionals** > **PBS** > **Specialised drugs (PBS) J-Z** > **Psoriatic arthritis**

Intolerance must be of a severity to necessitate permanent treatment withdrawal.

Contraindication or toxicity and grade

Methotrexate:
Sulfasalazine:
Leflunomide:

Current assessment of patient

12 The patient can demonstrate failure to achieve an adequate response to current treatment by:

☐ an elevated ESR greater than 25 mm/hr

ESR level ____ Date of test / /

and/or

☐ an elevated CRP greater than 15 mg/L

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 above requirement to demonstrate an elevated ESR or CRP cannot be met, state the reason why.

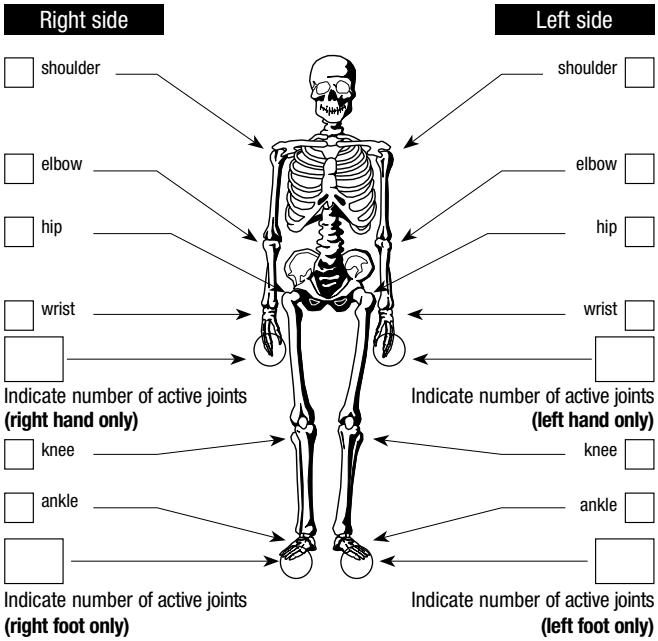
and

☐ an active joint count of at least 20 active (swollen and tender) joints

or

☐ at least four major active joints: elbow, wrist, knee, ankle, shoulder and/or hip.

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



Current active joint count

Date of joint assessment

/ /

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

14 **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 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.