Australian Government
Department of Human Services

medicare

PBS

Rheumatoid arthritis
Continuing PBS authority application
Supporting information

When to use this form

This form must be completed by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid 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 Disease Modifying Anti Rheumatic Drug' (bDMARD) appears, it refers to abatacept, adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab and tocilizumab only. Patients are eligible for PBS subsidised treatment with only one bDMARD at any time.

Where it is a requirement of the restriction that methotrexate be taken in combination with the bDMARD, the minimum dose is 7.5 mg per week.

Applications for patients who wish to change to an alternate bDMARD 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**.

Patients who have a greater than 24 month break in PBS subsidised treatment must reapply as an initial patient.

A patient whose most recent course was PBS subsidised rituximab, and whose response to this treatment is sustained for more than 12 months may apply for a further course of rituximab as a continuing patient.

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 abatacept i.v., infliximab, rituximab and tocilizumab

These items are 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.

These items are 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 the agent provided they have demonstrated an adequate response to treatment.

Rituximab only

The assessment for each continuing application should be made following a minimum of 12 weeks after the first infusion of the patient's most recent treatment with rituximab.

The assessments, which will be used to determine eligibility for continuing treatment, must be submitted to Department of Human Services 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 Department of Human Services within these timeframes, the patient will be deemed to have failed to respond to treatment.

For more information

If you need assistance completing this form or need more information call **1800 700 270** (call charges apply from mobile phones) and select option 2, between 8.00 am and 5.00 pm Australian Eastern Standard time, Monday to Friday or go to **humanservices.gov.au/healthprofessionals** and search for **Rheumatoid arthritis**.

Returning your form(s)

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

Department of Human Services
Prior written approval of specialised drugs
Reply Paid 9826
Hobart TAS 7001

Print in **BLOCK LETTERS**

Tick where applicable ☑

Privacy notice

Centrelink, Medicare Australia, Child Support and CRS Australia are all part of the Australian Government Department of Human Services. Personal information held by Human Services is protected by law, including the *Privacy Act 1988*. 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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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

/ /

4 Patient's current weight

kg

Prescriber's details

5 Prescriber number

6 Family name

First given name

7 Work phone number

( )

Alternative phone number

Fax number

( )

Biological agent details

8 This application is for:

☐ **continuing** treatment with the current PBS subsidised bDMARD

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

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

9 Which bDMARD is this application for?

☐ abatacept i.v.
☐ abatacept s.c.
☐ abatacept s.c with i.v.loading (change applications only)
☐ adalimumab
☐ certolizumab pegol
☐ etanercept
☐ golimumab
☐ infliximab
☐ rituximab
☐ tocilizumab

Provide details of the most recent treatment course

Date range

from / / to / /

For abatacept i.v., infliximab, rituximab and tocilizumab only:

Hospital name

Hospital provider number

Current assessment of patient

10 The patient is currently taking methotrexate at a dose of

mg per week

(**minimum** methotrexate requirement is 7.5 mg/week for PBS subsidised abatacept, golimumab, infliximab and rituximab)

11 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

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.

12 Provide the following:

ESR result

Date of test / /

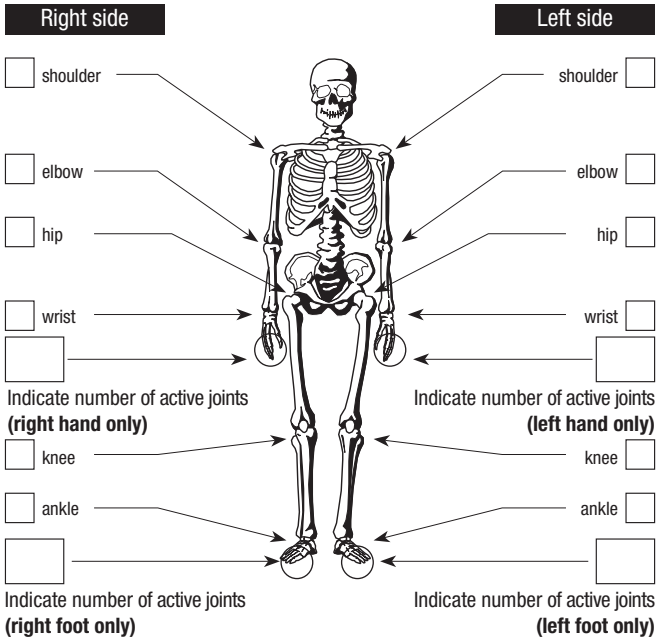
and/or

CRP result

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.

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 / /