



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



Psoriatic arthritis Continuing 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
 / /

Prescriber's details

4 Prescriber number

5 Family name
 First given name

6 Work phone number
 ()

Alternative phone number

Fax number
 ()

Biological agent details

7 This application is for:
 continuing treatment with the current PBS 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 golimumab
 etanercept infliximab

For infliximab only:

Patient's current weight
 kg

Hospital name

Hospital provider number

9 Dates of 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 Provide the following:
 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, state the reason why.

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

Right side	Left side
<input type="checkbox"/> shoulder	<input type="checkbox"/> shoulder
<input type="checkbox"/> elbow	<input type="checkbox"/> elbow
<input type="checkbox"/> hip	<input type="checkbox"/> hip
<input type="checkbox"/> wrist	<input type="checkbox"/> wrist
<input type="checkbox"/>	<input type="checkbox"/>
Indicate number of active joints (right hand only)	Indicate number of active joints (left hand only)
<input type="checkbox"/> knee	<input type="checkbox"/> knee
<input type="checkbox"/> ankle	<input type="checkbox"/> ankle
<input type="checkbox"/>	<input type="checkbox"/>
Indicate number of active joints (right foot only)	Indicate number of active joints (left foot only)

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

13 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.