Australian Government
Department of Human Services

medicare

PBS

Rheumatoid arthritis
Continuing PBS authority application
Supporting information

When to use this form

Use this authority application form (this form) to apply for **continuing** Pharmaceutical Benefits Scheme (PBS) subsidised biological agents for an adult patient with severe active rheumatoid arthritis.

Important information

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

Applications for balance of supply may be made by contacting the Australian Government Department of Human Services (Human Services) on **1800 700 270** Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Under no circumstances will phone approvals be granted for **continuing** authority applications to extend the treatment period.

The patient must be treated by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis.

Where the term biological agent appears, it refers to abatacept, adalimumab, baricitinib, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab and tofacitinib.

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

Continuing treatment

This form is ONLY for **continuing** treatment.

The patient remains eligible to receive continuing treatment providing they continue to sustain a response to treatment.

After a written authority application for the **first continuing** etanercept or infliximab treatment has been approved:

Subsequent continuing applications for biosimilar brands of **etanercept** are:

- Section 85: Authority Required (Streamlined) and does not require authority approval from Human Services for the listed quantity and repeats.

Subsequent continuing applications for biosimilar brands of **infliximab** are:

- S100 – HSD(Public): Authority Required (Streamlined) and does not require authority approval from Human Services for the listed quantity and repeats.
- S100 – HSD(Private): Authority Required (Telephone) – call **1800 888 333**.
  Note: Call charges may apply.

For applications submitted in writing, please specify the biological agent item code (or brand) on the authority prescription form(s).

Section 100 arrangements – for abatacept i.v., infliximab, rituximab and tocilizumab i.v. only

These items are available to a patient who is attending:

- an approved private hospital
- a public participating hospital, **or**
- a public hospital

and is:

- 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 a hospital.

The hospital name and provider number must be included in this form.

For more information

Go to **humanservices.gov.au/healthprofessionals**

Australian Government
Department of Human Services

medicare

PBS

Rheumatoid arthritis
Continuing PBS authority application

Patient's details

1 Medicare card number

[ ][ ][ ][ ] – [ ][ ][ ][ ][ ] – [ ] Ref no. [ ]

or

Department of Veterans' Affairs card number

[ ]

2 Dr ☐ 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 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other [ ]

Family name

[ ]

First given name

[ ]

7 Business phone number

[( )]

Alternative phone number

[ ]

Fax number

[( )]

Hospital details for abatacept i.v., infliximab, rituximab and tocilizumab i.v. only

8 Hospital name

[ ]

9 Hospital provider number

[ ][ ][ ][ ][ ][ ][ ][ ]

Biological agent details

10 Which biological agent is this application for?

- ☐ abatacept i.v.
- ☐ abatacept s.c.
- ☐ adalimumab
- ☐ baricitinib
- ☐ certolizumab pegol
- ☐ etanercept
- ☐ golimumab
- ☐ infliximab
- ☐ rituximab
- ☐ tocilizumab i.v.
- ☐ tocilizumab s.c.
- ☐ tofacitinib

11 Dates of the most recent treatment course

From [/ /] to [/ /]

Conditions and criteria

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

12 Does the patient have a documented history of severe active rheumatoid arthritis?

No ☐

Yes ☐

13 If applicable, the patient is currently receiving methotrexate at a dose of

[ ] mg per week

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

14 The patient has:

☐ demonstrated or sustained an adequate response to treatment confirmed by:

ESR result

Date of test / /

and/or

CRP result

Date of test / /

Where only 1 marker (ESR or CRP) has been provided at baseline, the same marker must be used for assessment for all continuing applications.

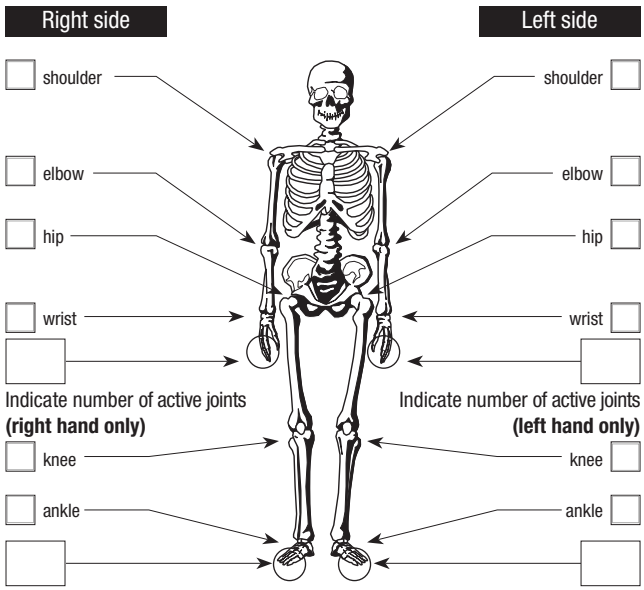
and

☐ where baseline is at least 20 active joints a reduction by %

and/or

☐ where a baseline is at least 4 major joints (elbow, wrist, knee, ankle, shoulder and/or hip) a reduction by %

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



Current active joint count

Date of joint assessment / /

Where a patient has at least 4 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.

Checklist

16 The relevant attachments need to be provided with this form.

☐ The completed authority prescription form(s).

Privacy notice

17 Personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.

Personal information may be used by the department, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

More information about the way in which the department manages personal information, including our privacy policy, can be found at **humanservices.gov.au/privacy**

Prescriber's declaration

18 **I declare that**:

- I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine.
- I have informed the patient that their personal information (including health information) will be disclosed to the Australian Government Department of Human Services for the purposes of assessing and processing this authority application.
- I have attached the completed authority prescription form(s) and the relevant attachments as specified in the Pharmaceutical Benefits Scheme restriction.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Prescriber's signature

Date / /

Reset form Print form

Returning your form

You can return this form and any supporting documents:

- **Online**, upload this form, the authority prescription form(s) and any relevant attachments through Health Professional Online Services (HPOS) at **humanservices.gov.au/hpos**
- **By mail**, send this form, the authority prescription form(s) and any relevant attachments to:

  Department of Human Services
  Complex Drugs Programs
  Reply Paid 9826
  HOBART TAS 7001