

Non-radiographic axial spondyloarthritis continuing PBS authority application



When to use this form

Use this authority application form (this form) to apply for **continuing** Pharmaceutical Benefits Scheme (PBS) subsidised golimumab for an adult patient with non-radiographic axial spondyloarthritis.

This form can also be used for patients recommending PBS subsidised golimumab for non-radiographic axial spondyloarthritis after the break in treatment less than 5 years.

Important information

Authority applications must be in writing and must include sufficient supporting 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 or recommencement authority applications to extend the treatment period.

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 or recommencing treatment.

This assessment will be used to determine eligibility for continuing treatment and must be submitted to Human Services **no later than 1 month** from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Human Services within this time frame,

the patient will be deemed to have failed to respond to treatment.

For more information

Go to humanservices.gov.au/healthprofessionals

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medicare

Non-radiographic axial spondyloarthritis continuing PBS authority application



Pa	tient's details	Conditions and criteria
1	Medicare card number Ref no.	To qualify for PBS authority approval, the following conditions must be met.
	or	7 Is the patient being treated by a rheumatologist or a clinical
	Department of Veterans' Affairs card number	immunologist with expertise in the management of
		non-radiographic axial spondyloarthritis?
		No 🗀
2	Dr Mr Mrs Miss Ms Other	Yes L
	Family name	8 The patient is:
		continuing PBS subsidised golimumab treatment for this condition
	First given name	and
		has not failed or ceased to respond to treatment with this drug for this condition twice
3	Date of birth	Go to 9
	/ /	or
		recommencing PBS subsidised golimumab treatment after
Pr	escriber's details	a break of less than 5 years
4	Prescriber number	and
4	Prescriber number	has documented history of non-radiographic axial spondyloarthritis
_		and
5	Dr	has not failed PBS subsidised treatment with this drug
	Family name	for this condition more than once within the last
		5 years
	First given name	and
		has failed to demonstrate or sustain a response to the
G	Duciness whome wombon	most recent PBS subsidised golimumab treatment and I wish to submit a new baseline set
6	Business phone number	Go to 11
	()	
	Alternative phone number	or
		has failed to demonstrate or sustain a response to most recent PBS subsidised golimumab treatment and
	Fax number	I wish to use a previous baseline set
	()	Go to 12
	,	or
		has demonstrated or sustained a response with the
		most recent PBS subsidised golimumab treatment.

9	The	patient had at baseline :		Privacy notice					
		a Bath Ankylosing Spondyli (BASDAI) assessment score Baseline BASDAI result	tis Disease Activity Index e of at least 4 on a 0–10 scale	13 Personal information is protected by law (including the <i>Privacy Act 1988</i>) and is collected by the Australian Gover Department of Human Services for the purposes of assess and processing this authority application.					
					Personal information may be used by the department, or given				
	and	an elevated C-reactive prot	oin (CDD) > 10 mg/l		to other parties where the individual has agreed to this, or				
	ш	Baseline CRP level	Date of test		where it is required or authorised by law (including for the				
		Daseillie GRP level	Date of test		purpose of research or conducting investigations).				
			/ /		More information about the way in which the department manages personal information, including our privacy policy, can				
10		patient has demonstrated o			be found at humanservices.gov.au/privacy				
an an an an an		a reduction from baseline B	BASDAI score by 2 or more units	Pre	escriber's declaration				
		BASDAI score	Date of assessment	-					
			/ /	14	I declare that:				
an a	and		hard 200/ form hardling	 I am aware that this patient must meet the criteria listed in the current Schedule of Pharmaceutical Benefits to be eligible for this medicine. 					
			by at least 20% from baseline		 I have informed the patient that their personal information 				
		CRP level	Date of test		(including health information) will be disclosed to the				
			/ /		Australian Government Department of Human Services for				
	or				the purposes of assessing and processing this authority				
11		a CRP measurement no gre	eater than 10 mg/L		application.				
		CRP level	Date of test		I have provided 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				
11	The	patient has:	▶ Go to 12		correct.				
11		•	B Disease Activity Index (BASDAI)		I understand that:				
		assessment score of at least	- '		• giving false or misleading information is a serious offence.				
			50 1 611 d 6 1 6 66di6		Prescriber's signature				
	and								
			-i (ODD) - 10 m/						
		an elevated C-reactive prot	, ,		Date				
		CRP level	Date of test		/ /				
			/ /						
				l _					
Ch	eckl	ist		R	eturning your form				
10		7 The meleonal attackers		Yo	ou can return this form and any supporting documents:				
12	1	this form.	nts need to be provided with		Online, upload this form, the authority prescription form(s)				
		uno ioiii.			and any relevant attachments through Health Professional				
		The completed authority pro	escription form(s).		Online Services (HPOS) at humanservices.gov.au/hpos				
		The completed BASDAI ass	essment form for	•	By mail, send this form, the authority prescription form(s)				
		recommencement applicati	ons.		and any relevant attachments to:				
					Department of Human Services Complex Drugs Programs				
					Reply Paid 9826				
					HOBART TAS 7001				



medicare



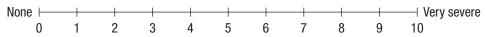
Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

Place a mark on each line below to indicate your answer to each question as it relates to your **past week**.

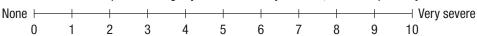




2 How would you describe the overall level of Ankylosing spondylitis neck, back or hip pain you have had?



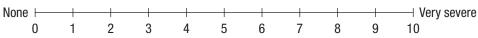
3 How would you describe the overall level of pain/swelling in joints other than your neck, back or hips that you have had?



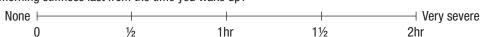
4 How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?



5 How would you describe the overall level of morning stiffness you have had from the time you wake up?



6 How long does your morning stiffness last from the time you wake up?



Scoring the BASDAI

Measure each question from 'None' to the patient's mark in centimetres.

Add Q5 and Q6 and divide by 2 = A Add Q1, Q2, Q3 and Q4 = B

Add A and B and divide by 5 = Score

Patient's declaration

7 1

Print full name in **BLOCK LETTERS**

declare that:

- I have completed the above 6 questions.
- I did not have access to any prior BASDAI assessments completed by myself.

ien			

Date				
	/	/		

Prescriber's declaration

8 1

Print full name in **BLOCK LETTERS**

declare that:

- as the prescriber of a biological agent for this patient,
 I witnessed the patient complete the above questions.
- they had no access to any prior BASDAI.

Prescriber's signature

11000116	701 0	oigiic	ituio			
L						
Date						
/		/				

BASDAI prepared by the Pharmaceutical Benefits Branch, Australian Government Department of Health, 15 July 2004. Reproduced and extracted from: Garrett, Sarah et al. (1994) A New Approach to Defining Disease Status in Ankylosing Spondylitis: The Bath Ankylosing Spondylitis Activity Index. Journal of Rheumatology, 21 (12), 2286–2291, with the permission of the copyright holder.